SimplyPsychology

Mark scheme — A-level Psychology 7182/3

Paper 3 · Section B option · Gender

A-level topic mock · 2026 · Maximum mark: 48

Gender is an A-level Paper 3 option (AQA spec 4.3.3) — not assessed at AS. Indicative content is not exhaustive; credit any other valid points. Levels-based questions (Q10 and Q11) require holistic judgement using the descriptors. Specialist vocabulary uses the 2025 spec terminology — *gender identities (binary, non-binary, gender fluid), diversity in sex development, AIS, gender incongruence*. Old terms ("androgyny" as a standalone bullet, "gender dysphoria", Freud's explanation) are not assessed in 2025.

B Gender

0 1

AO1 · 1 mark multiple choice

> *Which one of the following describes a person with Klinefelter's syndrome?*

Answer: B — A person with an extra X chromosome (47,XXY).

A = Turner syndrome (45,X0); C = androgen insensitivity syndrome (AIS); D = congenital adrenal hyperplasia (CAH).

0 2

AO1 · 1 mark multiple choice

> *Which one of the following best describes gender constancy?*

Answer: C — The child understands gender stays the same across both time and situations.

A = gender identity (Kohlberg stage 1); B = gender stability (Kohlberg stage 2); D = gender schema (Martin and Halverson).

0 3

AO1 · 1 mark multiple choice

> *Which one of the following best describes a gender-fluid identity?*

Answer: C — A person whose gender identity may change over time.

A = binary identity; B = cisgender identity; D = a specific medical pathway and is not part of the spec definition of gender-fluid.

0 4

AO1 · 3 marks short answer

> *Outline what is meant by gender identities. Refer to binary, non-binary and gender fluid.*

Marks for this question: AO1 = 3 marks

- **1 mark** for an accurate definition of **binary**: a person identifies as *either* male *or* female (includes cisgender people and binary trans people).
- **1 mark** for an accurate definition of **non-binary**: a person does not identify as exclusively male or exclusively female (may use terms like genderqueer, agender).
- **1 mark** for an accurate definition of **gender fluid**: a person's gender identity is not fixed and may change over time.

Credit additional context — that gender identity is a person's internal sense of who they are, distinct from biological sex.

0 5

AO2 · 4 marks application

> *Use gender schema theory to explain Mia's behaviour.*

Marks for this question: AO2 = 4 marks

- **4 marks** — Clear, coherent explanation engaging effectively with the stem; uses gender schema theory accurately; links to specific features of Mia's behaviour.
- **3 marks** — Clear engagement but lacking detail.
- **2 marks** — Schema theory described but limited application.
- **1 mark** — Brief, partial answer.

Indicative content:

- **Schema formation**: at the birthday party, Mia notices the pink-for-girls / blue-for-boys gender pattern. She has formed (or strengthened) a **gender schema** about colours — pink = girl, blue = boy.
- **In-group/out-group**: Mia identifies as a girl (her in-group). She therefore prefers in-group-consistent items (pink) and rejects out-group items (blue crayons). This is the classic in-group/out-group pattern Martin and Halverson predicted.
- **Schemas guide behaviour**: her schema not only guides her own choice (refusing blue crayons) but also her policing of others — telling the boy he "can't use pink". She is using her schema to organise the world around her.
- **Rigidity at this age**: 4-year-olds typically have very rigid gender schemas (Damon and Hart 1988). Mia's confidence and her policing of the boy are textbook examples of this rigidity.
- **Schema-consistent attention**: gender schemas also bias attention — Mia noticed and remembered the colour-coding at the party because it was schema-relevant.

Top-band answers will explicitly identify Mia's behaviour as schema-driven AND mention rigidity / in-group preference AND link to specific features of the stem (pink crayons, telling off the boy).

0 6

AO1 · 4 marks short answer

> *Outline Martin and Halverson's gender schema theory.*

Marks for this question: AO1 = 4 marks

- **1 mark** for identifying the theory: Martin and Halverson (1981); a **cognitive** explanation of gender development; an alternative/improvement on Kohlberg's stage theory.
- **1 mark** for defining a **gender schema**: a mental framework that organises information about gender (what boys and girls do, like, look like and behave). Built from observation of the environment.
- **1 mark** for early development: schemas form around age 2–3, as soon as the child has a basic gender identity — *before* Kohlberg's gender constancy.
- **1 mark** for in-group/out-group identification: children identify with their own gender (the in-group), pay particular attention to in-group behaviours and avoid out-group ones. Schemas also guide memory — children remember schema-consistent information better than inconsistent information (Martin and Halverson 1983 picture study).

---

0 7

AO1 · 3 marks short answer

> *Outline what is meant by androgen insensitivity syndrome (AIS).*

Marks for this question: AO1 = 3 marks

- **1 mark** for accurate definition: AIS is a condition in which a person has an **XY karyotype** (chromosomally male) but the cells of the body have **androgen receptors that do not respond** to testosterone.
- **1 mark** for distinguishing types: **complete AIS (CAIS)** — cells do not respond at all; the person typically develops female external anatomy, is raised female, identifies as female. **Partial AIS (PAIS)** — cells partially respond; anatomy can be ambiguous.
- **1 mark** for one or more characteristics:
  - People with CAIS have no womb or ovaries.
  - They have undescended testes.
  - Approximately 1 in 20,000 births.
  - Inherited via the X chromosome / female line.
  - Theoretically important — demonstrates that chromosomes alone (XY) do not determine outward sex or gender identity.

---

0 8

AO1 · 3 marks short answer

> *Briefly outline the role of hormones in biological sex. Refer to testosterone, oestrogen and oxytocin.*

Marks for this question: AO1 = 3 marks

- **1 mark** for **testosterone**: produced mainly by the testes; drives development of male reproductive anatomy and secondary sex characteristics; associated with aggression, dominance and risk-taking.
- **1 mark** for **oestrogen**: produced mainly by the ovaries; drives female reproductive anatomy, the menstrual cycle and secondary sex characteristics; linked to mood regulation.
- **1 mark** for **oxytocin**: released by the pituitary in both sexes (higher in women, particularly after childbirth/breastfeeding); associated with mother–infant bonding, trust and social bonding; underlies Taylor's (2000) "tend-and-befriend" stress response.

---

0 9

AO1 · 4 marks short answer

> *Briefly outline how social learning theory explains gender development. Refer to the influence of culture or media.*

Marks for this question: AO1 = 4 marks

- **1 mark** for the core mechanism: children learn gender behaviour through **observation and imitation** of same-sex role models (Bandura 1977).
- **1 mark** for additional SLT mechanisms: **identification** with role models; **vicarious reinforcement** (learning from the consequences of others' gendered behaviour); **direct reinforcement** (own behaviour shaped by reward/punishment).
- **1 mark** for **culture**: gender roles vary across cultures (Mead's Papua New Guinea research — Arapesh both gentle, Mundugumor both aggressive; Hofstede's masculinity/femininity index across countries). Cultural variation supports the SLT view that gender is socially learned, not biologically fixed.
- **1 mark** for **media**: TV, film, video games and social media provide gendered role models. Williams's (1986) Canadian-town natural experiment showed children's gender stereotypes increased after TV was introduced. Counter-stereotypical media (e.g. female engineers) can shift career aspirations.

---

1 0

AO1, AO3 · 8 marks 8-mark

> *Discuss biological explanations of gender incongruence. Refer to at least one strength and one limitation.*

Marks for this question: AO1 = 4 marks, AO3 = 4 marks

Level	Marks	Descriptor
4	7–8	Knowledge of biological explanations of gender incongruence is accurate and well detailed. Evaluation includes at least one strength and one limitation, both effectively explained. Clear, coherent, focused; specialist terminology used effectively. Uses 2025 term "gender incongruence" (not "gender dysphoria").
3	5–6	Knowledge generally accurate; evaluation mostly effective but limited in places.
2	3–4	Some accurate knowledge. Evaluation limited; mainly descriptive.
1	1–2	Knowledge limited; little or no evaluation.
0	0	No relevant content.

Indicative AO1 content:

- **Brain-sex theory (Zhou et al. 1995)**: the BSTc nucleus in trans women was similar in size to that of cisgender women, not cisgender men. Suggests the brain's "sex" can be incongruent with the body's "sex". Replicated by Kruijver et al. (2000).
- **Genetic factors**: Coolidge et al. (2002) — 62% of variance in gender-incongruent behaviour was attributable to genetic factors. Hare et al. (2009) — identified a longer version of the androgen receptor gene in some trans women.
- **Prenatal hormone influences**: atypical prenatal hormone exposure during the critical period for brain sexual dimorphism may contribute to gender incongruence. Builds on CAH evidence (Berenbaum and Bailey 2003) showing prenatal hormones affect later gender-typed behaviour.

Indicative AO3 content (any combination):

- **Strength — converging evidence**: brain anatomy (Zhou; Kruijver), twin studies (Coolidge) and gene research (Hare) all point in the same direction. Convergent evidence from multiple methodologies strengthens the biological case.
- **Strength — explains individual variation within cultures**: biological accounts can explain why only some individuals in a given culture experience gender incongruence — purely social/cultural accounts cannot.
- **Limitation — small samples and confounds**: BSTc research uses small post-mortem samples. Trans participants typically received hormone treatments that may have affected brain anatomy themselves — confounding the comparison.
- **Limitation — correlational evidence**: brain-anatomy and gene findings cannot distinguish cause from consequence. Group-level differences do not prove causation.
- **Limitation — reductionism**: purely biological accounts ignore well-documented cultural variation in gender categories (two-spirit, hijra, fa'afafine — multi-gender cultures). Suggests biology cannot be the

sole explanation.

- **Limitation — socially sensitive**: findings can be used either to support trans rights (biological foundations) OR to pathologise gender incongruence as a "disorder". Researchers must communicate findings carefully to avoid harm to affected communities.

---

1 1

AO1, AO2, AO3 · 16 marks 16-mark

> *Discuss the cognitive approach to explaining gender development. Refer to the case of Joel as part of your discussion.*

Marks for this question: AO1 = 6 marks, AO2 = 4 marks, AO3 = 6 marks

Level	Marks	Descriptor
4	13–16	Knowledge of cognitive explanations (Kohlberg + gender schema theory) is accurate and well detailed. Application to Joel is effective and integrated across the stem (age 3 AND age 7). Discussion is thorough and effective with strong evaluation. Clear, coherent and focused.
3	9–12	Knowledge evident with some accuracy — covers Kohlberg or schema theory in detail (or both with less depth). Application mostly effective. Discussion mostly effective but limited in places.
2	5–8	Some accurate knowledge of one theory. Application limited and partial. Discussion superficial.
1	1–4	Knowledge limited; little or no application or discussion.
0	0	No relevant content.

Indicative AO1 content — the cognitive approach to gender includes BOTH Kohlberg AND gender schema theory:

- **Kohlberg's (1966) stage theory**:
  - **Stage 1 — Gender identity** (~2–3 years): child labels self and others by gender but does not understand stability over time.
  - **Stage 2 — Gender stability** (~4–6): child understands gender is stable over time but may believe it can change with appearance.
  - **Stage 3 — Gender constancy** (~6–7): child understands gender is constant across time AND situations. Actively seeks same-gender role models.
- **Martin and Halverson's (1981) gender schema theory**:
  - Gender schemas develop early (~age 2–3), as soon as the child has a basic gender identity.
  - In-group/out-group identification — children prefer same-gender activities and people.
  - Schemas guide attention, behaviour and memory (Martin and Halverson 1983).
  - Explains gender-typed behaviour before Kohlberg's constancy.

Indicative AO2 content — engagement with Joel:

- **Age 3 — gender identity stage**: Joel "confidently says 'I'm a boy'" — classic gender-identity-stage labelling. But he becomes upset when his sister teases that he "might become a girl" — he doesn't yet understand **gender stability**. His upset shows the cognitive limitation of being unable to grasp that gender is stable. He plays with both "boys' and girls' toys" — consistent with the lack of constancy at this age.

- **Age 7 — gender constancy**: Joel "firmly refuses to play with any toy he considers 'for girls'" and "tells his younger cousins off when they describe a male nurse on TV as 'a lady'". He now understands gender is constant across time AND situations (a male nurse is still male), and is actively policing the gender boundaries — Kohlberg's gender-constancy stage and Martin and Halverson's predicted schema rigidity.
- **Schema rigidity at 7**: Joel's policing behaviour ("can't be a girl"; "is a male nurse, not a lady") is textbook gender schema rigidity. Martin and Halverson predict that as schemas mature, children actively use them to organise the world AND become more rigid in their gender beliefs. This rigidity typically peaks around ages 5–7.
- **Schema-consistent attention/memory**: by age 7, Joel selectively pays attention to gender-relevant information (correcting the cousins) — schema-driven processing.

Indicative AO3 content:

- **Strength of Kohlberg — research support (Slaby and Frey 1975)**: children with higher gender constancy spent more time watching same-gender models. Supports Kohlberg's claim that gender constancy drives same-gender role-model preference.
- **Strength of Kohlberg — cross-cultural support (Munroe et al. 1984)**: same stages observed in Kenyan, Samoan, Nepalese and Belizean children — supports universality.
- **Limitation of Kohlberg — gender-typed behaviour before constancy (Bussey and Bandura 1992)**: 4-year-olds already preferred same-sex peers and gender-typed toys before achieving constancy. Joel himself shows gender preferences (or at least confidence) at age 3, before constancy. This undermines Kohlberg's central claim that constancy drives gender-typed behaviour.
- **Strength of schema theory — research support (Martin and Halverson 1983)**: children remembered schema-consistent pictures better and "corrected" inconsistent ones. Schema theory explains Joel's age-3 confidence AND age-7 policing in a single framework.
- **Strength of schema theory — explains early gender-typed behaviour**: schema theory accounts for the fact that gender-typed behaviour begins long before Kohlberg's constancy stage.
- **Limitation — both theories ignore biology**: cognitive accounts reduce gender to mental representations and ignore the biological foundations (CAH evidence, prenatal hormones). Interactionist accounts that combine cognition with biology are more complete.
- **Limitation — both theories ignore social learning**: SLT (Section 7) emphasises modelling, vicarious reinforcement and the influence of culture/media — cognitive accounts say little about how the schemas/stages content gets shaped by environment.
- **Limitation — methodological problems with constancy testing**: Bem (1989) showed constancy can be demonstrated much earlier with modified procedures — suggesting young children's gender understanding may have been underestimated.

Top-band answers will (1) cover both Kohlberg's stages AND gender schema theory, (2) explicitly map Joel's age-3 behaviour to gender-identity stage (no stability) AND age-7 behaviour to constancy + schema rigidity, (3) use the contrast between the two ages to argue which theory better fits Joel's developmental trajectory (typically: schema theory handles the early gender-typed behaviour Kohlberg misses), (4) include at least two AO3 evaluation points, and (5) reach a conclusion (typically that the cognitive approach captures important aspects but a fuller account requires combining cognition with biology and social learning).

END OF MARK SCHEME · Maximum mark: 48