SECTION A: CLINICAL PSYCHOLOGY

Answer ALL questions.

1 (a) Describe **one** symptom of schizophrenia.

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(b) Describe an issue associated with making a valid diagnosis of schizophrenia.

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(Total for Question 1 = 5 marks)

2 Alex has been asked to take part in a longitudinal study of the relationship between mothers with a social phobia and elements of social phobia in their children.

(a) Describe a suitable longitudinal procedure for this study.

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(b) Describe an appropriate sampling technique for this longitudinal study looking at the relationship between mothers and their children in relation tosocial phobias.

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(Total for Question 2 = 5 marks)

3 A group of researchers is conducting research into anxiety among adults. The researchers believe that negative life events may be a cause of anxiety. They have asked people with anxiety to record the number of positive and negative life events they have experienced over the last 12 months.

Examples of events participants were asked to consider included marriage/divorce, promotion/losing a job, moving home/losing a house, bereavement and births.

The participants provided a total score for both positive and negative life events. The results are presented in **Table 1**.

	Positive life events	Negative life events
Participant A	3	6
Participant B	1	5
Participant C	2	1
Participant D	0	9
Participant E	1	8
Participant F	2	6
Participant G	4	6
Participant H	3	11
Participant I	4	9
Participant J	2	12
Mean	2.2	7.3

Table 1

(a) (i) Calculate the standard deviation for negative life events. Show your working and give your answer to two significant figures.

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(ii) State how the standard deviation for positive life events would differ from the negative life events you have calculated.

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(b) When using a Wilcoxon Test to compare the positive and negative life events, the calculated value (T) was 1 (T=1).

The critical value table can be found in the formulae and statistics table at the front of the paper.

Explain whether these results were significant at p<0.05 and if the research hypothesis can be accepted.

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(Total for Question 3 = 8 marks)

4 If a person visited two different psychiatrists, they might receive two different diagnoses of their medical condition.

Assess the reliability of mental disorder diagnosis using research evidence.

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(Total for Question 4 = 8 marks)

5   A news article has criticised the effectiveness of psychological treatment. The headline was 'Psychological treatments for mental disorders do not work as these disorders are not psychological in origin'.

    For a mental disorder other than schizophrenia, use your knowledge of the possible explanations of its causes to assess how effective a psychological treatment would be compared to a biological treatment.

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(Total for Question 5 = 8 marks)

6 Evaluate the view that schizophrenia has a stronger biological basis than other mental disorders.

Refer to **one** other mental disorder in your response.

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(Total for Question 6 = 20 marks)

TOTAL FOR SECTION A = 54 MARKS

SECTION B

Answer questions from ONE option in this section.

OPTION 1: CRIMINOLOGICAL PSYCHOLOGY

Answer ALL questions.

7   The concept of weapon focus is often relevant during eyewitness testimony.

(a) Explain how weapon focus affects eyewitness testimony.

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(b) Apart from weapon focus, explain how **one** other factor affects eyewitness testimony.

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(Total for Question 7 = 6 marks)

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A group of students have been having difficulties in managing their anger and were advised to attend an anger-management programme. They completed an anger assessment before and after attending the anger-management programme. Researchers wanted to see if there were gender differences in the effectiveness of the programme. The anger assessment results for males and females are presented in **Table 2**.

	Before treatment	**After treatment**
Males	42	10
Females	35	12

Table 2

(a) Calculate chi-squared for this data by completing **Table 3**.

(4)

		Observed	**Expected**	**O-E**	**(O-E)²**	**(O-E)²/E**
Males	**Before**	42	40.4			
	After	10	11.6			
Females	**Before**	35	36.6			
	After	12	10.4			
					chi-squared =	

Table 3

(b) Analyse the results of the chi-squared test to show whether there were gender differences in how well the treatment worked.

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(Total for Question 8 = 6 marks)

9 Pete is 24 years old and has a long criminal history, including burglary, theft and drug-related offences.

Pete has spent most of his life living alone with his mother. His father is currently in prison for committing a burglary. At age 15 Pete dropped out of school, preferring to socialise with friends and play truant.

Discuss Pete's behaviour using explanations from social psychology. You must make reference to the context in your answer.

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(Total for Question 9 = 8 marks)

10 Juries are used in criminal trials to determine an individual's guilt or innocence. Juries can be influenced by factors other than the evidence presented.

On 2nd September 2014 at a Crown Court in England two trials were proceeding.

The first was of a 24-year-old female fashion model.

The other was of a 64-year-old businessman.

They have both been accused of assaulting their respective partners.

Assess how characteristics of these defendants may affect the judgements of the juries during these two criminal trials. You must make reference to the context in your answer.

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(Total for Question 10 = 16 marks)

TOTAL FOR SECTION B: OPTION 1 = 36 MARKS

OPTION 2: CHILD PSYCHOLOGY

Answer ALL questions.

11 The study by van IJzendoorn and Kroonenberg (1988) used a meta-analysis to look at cross-cultural differences in attachment types amongst children.

Explain **one** advantage of using a meta-analysis instead of a single study.

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(Total for Question 11 = 2 marks)

12 Sumita gathered quantitative data by tallying how often a boy and a girl chose to play inside or outside in a nursery setting. Sumita decided to observe the first boy and the first girl that she saw go outside. There were 20 children in total in the nursery. Sumita observed the boy and girl over a 60-minute period. The children were both four years old.

Sumita made a tally mark every five minutes for each child to show whether the child was playing outside or inside. The data is displayed in **Table 4**.

	Playing outside	Playing inside	Totals
Boy	9	3	12
Girl	6	6	12

Table 4

(a) Calculate chi-squared for this data by completing **Table 5**.

(4)

		Observed	Expected	O–E	(O–E)²	(O–E)²/e
Boy	IN	9	7.5			
	OUT	3	4.5			
Girl	IN	6	7.5			
	OUT	6	4.5			
					chi-squared =	

Table 5

(b) Analyse the results of the chi-squared test to explain what they show about whether boys or girls preferred to play inside or outside.

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(Total for Question 12 = 6 marks)

13 Ainsworth used the 'strange situation' procedure to develop ideas about attachment types between infants and their caregivers.

(a) (i) Describe the behaviour of the Type A/anxious-avoidant type as defined by Ainsworth.

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(ii) Describe the behaviour of the Type B/secure attachment type as defined by Ainsworth.

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(b) Anika is two and a half years old and has emigrated to the UK from Germany with her parents. Hideki is also two and a half and has emigrated from Japan with his mother who is a single parent.

Discuss the usefulness of the 'strange situation' procedure to investigate the attachment types of these two children. You must make reference to the context in your answer.

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(Total for Question 13 = 12 marks)

14 A recent television news broadcast reported that 'autism begins long before birth'. The broadcast covered the story of non-identical twins Thomas and Jessica.

They were born slightly prematurely with Jessica's birth being normal but Thomas's being complicated. When the twins were due to begin primary school, Jessica started to show signs of autism and was diagnosed as such but Thomas was not.

To what extent do you agree with the broadcast about Thomas and Jessica that autism is determined before a child is born? You must make reference to the context in your answer.

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(Total for Question 14 = 16 marks)

TOTAL FOR SECTION B: OPTION 2 = 36 MARKS

Question Number	Answer	Mark
3(b)	**AO2 (1 mark) AO3 (2 marks)** One mark for identifying the correct critical value of 10 (when n=10) (1 AO2). One mark for identifying that the critical value is more than the calculated (T) value (which is 1) (1 AO3) so is significant, and one mark for relating it to the hypothesis (those with anxiety had significantly more negative than positive life events) (1 AO3). For example: The critical value (which is 10) is more than the calculated value (which is 1) (1), which means that the results are significant (1). This supports the hypothesis that anxiety is characterised by more negative than positive life events (1). **Look for other reasonable marking points**	**(3)**

Question Number	Indicative content	Mark
4	**AO1 (4 marks), AO3 (4 marks)**	**(8)**

AO1

- Reliability refers to consistency.
- If something is done more than once, one would expect the same results.
- If the same results are found, then they are reliable.
- This applies to the diagnosis of mental health issues, as if one person goes to two different clinicians and gets a different diagnosis, then there is no reliability.
- Also, if a clinician gives one diagnosis for one person presenting with a set of symptoms and features, and then another person with the same presenting issues with the same clinician gets a different diagnosis, this shows unreliability and lack of validity in the diagnosis too.
- The subjective nature of diagnosis could lead to different diagnoses.

AO3

Unreliable

- There are two diagnostic systems used worldwide: ICD and DSM. There are distinct differences in these as the diagnosis depends on which system is used, therefore reducing the reliability of diagnosis.
- There has been found to be only a 68% agreement (Andrews et al, 1999) between the ICD and DSM.
- Rosenhan (1973) provided evidence that diagnoses were flawed, as staff were unable to tell mentally disordered patients apart from those who were mentally healthy.
- Spitzer and Fleiss (1974) claimed that reliability was not high for any mental disorder and that reliability for psychosis and schizophrenia was just 'fair' rather than 'good'.

Question Number	Indicative content	Mark
4 cont.	**Reliable**	
	• Reliability of diagnosis varies for different disorders: good for depression, worse for post-traumatic stress. So there is some reliability.	
	• The use of diagnostic manuals, names/nomenclature and systems means more communication between clinicians, which is likely to increase reliability (Spitzer and Fleiss, 1974).	
	• The DSM and ICD undergo continuous review. Updates ensure that it is possible to make more accurate diagnoses based on up-to-date evidence. Though DSM V has not been well received.	
	• Wilson (1993) suggests that DSM III was developed precisely to tackle the unreliability of the previous manuals.	
	• Many structured interviews have been developed which also increases reliability as clinicians use the same interviews/questions (e.g. Sheehan et al., 1998).	
	• The reliability of diagnosis can be significantly improved when clinicians liaise with other clinicians when making diagnosis, as this increases inter-rater reliability.	
	Look for other reasonable responses.	

Level	Mark	Descriptor
		AO1 (4 marks), AO3 (4 marks) **Candidates must demonstrate an equal emphasis between knowledge and understanding vs assessment/conclusion in their answer.**
Level 0	0	No rewardable material.
Level 1	1–2 marks	Demonstrates isolated elements of knowledge and understanding. (AO1) Generic assertions may be presented. Limited attempt to address the question. (AO3)
Level 2	3–4 marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Candidates will produce statements with some development in the form of mostly accurate and relevant factual material, leading to a generic or superficial assessment being presented. (AO3)
Level 3	5–6 marks	Demonstrates accurate knowledge and understanding. (AO1) Arguments developed using mostly coherent chains of reasoning. Leading to an assessment being presented which considers a range of factors. Candidates will demonstrate understanding of competing arguments/factors but unlikely to grasp their significance. The assessment leads to a judgement but this may be imbalanced. (AO3)
Level 4	7–8 marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a well-developed and logical assessment, containing logical chains of reasoning throughout. Demonstrates an awareness of the significance of competing arguments/factors leading to a balanced judgement being presented. (AO3)

Question Number	Indicative content	Mark
5	**AO1 (4 marks), AO3 (4 marks),**	**(8)**
	AO1	
	Psychological treatments	
	For depression/OCD/anorexia nervosa could include:	
	• Humanistic therapies such as person-centred counselling, which look at how the core of the person (their organismic self) can be at odds with the self-concept given by conditions of worth from others.	
	• Cognitive therapies, which focus on maladaptive thinking and how these can be readjusted through counselling.	
	• Cognitive behavioural therapies, which involve focusing on thinking, feeling and behaviour and the consequences of this to see if there can be intervention in one of these areas (e.g. tools such as the downward arrow technique are used to uncover core beliefs).	
	• Deconditioning therapies can be used with OCD.	
	Biological treatments	
	For depression/OCD/anorexia nervosa could include:	
	• Drug therapy such as antidepressants, which alter neurotransmitter functioning, can be used for OCD as well as for depression. Also relevant for anorexia nervosa (depression and anxiety often go with anorexia nervosa so medication can be prescribed). Tricyclic antidepressants can be used for moderate or severe depression, but drugs might not be used for mild depression.	
	• Anorexia nervosa could include controlling diet.	
	• Exercise is sometimes offered as a treatment for depression.	
	• ECT is used for some conditions, in particular depression.	
	AO3	
	Biological treatments	
	• If the cause of the mental disorder is a biochemical imbalance, then the use of drugs to address this should be effective. Many drug treatments, e.g. use of antidepressants, exist that are effective and this is evidence in support.	

Question Number	Indicative content	Mark
5 cont.	• The fact that these drugs are in use shows that they have passed clinical trials and must have been shown to be effective.	
	• Medication is considered widely effective for certain conditions (such as moderate to severe depression, OCD where SSRIs can work and anorexia nervosa if either depression or OCD are features of that person's presenting issues (which they can be)).	
	• However, medication has unpleasant side effects, which can mean the patient does not continue with the medication and, therefore, it is not effective even though the belief is that the drugs would treat the biochemical imbalance.	
	• The Department of Health and Human Services (1991) found that for depression 50% of people improved on medication and 30% improved with a placebo (so there is more at work here, as thinking they were taking medication helped them to improve or they improved to an extent over time anyway). It might be that there is another factor, or it might be that there is still a change in biochemical balance, but this is brought about by psychological effects rather than biological ones.	
	Psychological treatments	
	• The effective use of cognitive therapy in conditions such as depression supports psychologists' beliefs that behaviours are affected by psychological factors, e.g. early childhood experiences. Anorexia nervosa can be treated by cognitive analytic therapy (CAT), which is about reformulation of view of the past, for example. There have also been studies showing effectiveness of CBT.	
	• Freud argues that early childhood experiences can cause adult mental health disorders such as in depression where sufferers spend their energy on repressing anger at a loved one who died, resulting in a lack of energy. Accepting that the loved one has died, through psychological treatment (such as CBT), reduces the symptoms of depression in many cases, which supports Freud's ideas.	

Question Number	Indicative content	Mark
5 cont.	• Freud also argued that anorexia nervosa can have a psychological element such as being about a wish not to get pregnant, and focusing on that can improve the outcome for clients, again supporting Freud's ideas. • However talking through the reasons for anxiety does not always have a positive impact on mood. Some people have therapy for many years and never see an improvement in their levels of anxiety, suggesting that psychological factors are not the cause. • The use of deconditioning to treat OCD shows that it might have been caused by conditioning events in the past. **Combined treatments** • For anorexia nervosa drug treatment is not considered successful unless treating depression or OCD as well – if drugs are offered, they tend to be SSRIs. • Drug therapy is considered effective for moderate to severe depression; milder depression might be more effectively treated by self-help, exercise or counselling, according to the NHS website. This supports the idea that both biological and psychological factors might be involved in causing mental disorders. **Issues with the evidence exist, such as:** • Clinical trials tend to randomly allocate people to either the treatment condition or a waiting condition (where the people will get the treatment just later) to look for the effectiveness of treatment, so there are good controls and evidence is considered scientific if it shows effectiveness. • However, individual differences can affect the effectiveness of treatment and such randomised control trials might not highlight individual differences, so general effectiveness might mask individual lack of effectiveness. • Meta-analysis can be useful as it looks at results from a lot of studies about the effectiveness of a particular treatment, and if findings match (such that the studies find the treatment to be effective – CBT is evidenced based in this way), then there is reliability in the findings. **Look for other appropriate marking points, related to chosen disorder.**	

Level	Mark	Descriptor
		AO1 (4 marks), AO3 (4 marks) **Candidates must demonstrate an equal emphasis between knowledge and understanding vs assessment/conclusion in their answer.**
Level 0	0	No rewardable material.
Level 1	1–2 marks	Demonstrates isolated elements of knowledge and understanding. (AO1) Generic assertions may be presented. Limited attempt to address the question. (AO3)
Level 2	3–4 marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Candidates will produce statements with some development in the form of mostly accurate and relevant factual material, leading to a generic or superficial assessment being presented. (AO3)
Level 3	5–6 marks	Demonstrates accurate knowledge and understanding. (AO1) Arguments developed using mostly coherent chains of reasoning. Leading to an assessment being presented which considers a range of factors. Candidates will demonstrate understanding of competing arguments/factors but unlikely to grasp their significance. The assessment leads to a judgement but this may be imbalanced. (AO3)
Level 4	7–8 marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a well-developed and logical assessment, containing logical chains of reasoning throughout. Demonstrates an awareness of the significance of competing arguments/factors leading to a balanced judgement being presented. (AO3)

Question Number	Indicative content	Mark
6	**AO1 (8 marks), AO3 (12 marks)**	**(20)**
	AO1	
	• Neurotransmitter functioning is seen as a cause of schizophrenia, such as the dopamine hypothesis and the idea that serotonin is also involved - possibly an imbalance between the two.	
	• Genes are also discussed as a cause of schizophrenia, which can run in families, as shown by twin studies.	
	• Another cause of schizophrenia is a social one: pressures of living can cause symptoms, and a stressful life event and emotional reaction can cause a psychotic episode.	
	• The bio psychosocial model is an idea that combines biological, social and psychological factors as causes of schizophrenia.	
	• Schizophrenia might be caused by some difference in the brain (such as in the ventricles), which is also a biological cause, although not all of those with schizophrenia have the same damage. This is just one of the ideas about causes.	
	• Drug misuse seems to relate to the onset of schizophrenia, but that might not be a cause as such so much as a trigger for one of the other (or more than one, it might be a combination) causes.	
	• Depression/OCD/anorexia nervosa have biological causes such as genetic causes or neurotransmitters.	
	• They also have psychological elements such as the effect of lack of social support on depression/media on anorexia nervosa.	
	• Mental health disorders can be said to have biological, psychological and social causes. This is the bio psychosocial model.	
	• Biological explanations for depression/OCD/anorexia nervosa include the monoamine hypothesis for depression, which is about deficiency in neurotransmitters/circuit that relays information from the orbitofrontal cortex to the thalamus, or issues related to serotonin in OCD/and for anorexia nervosa perhaps hormonal factors or factors around malnutrition.	

Question Number	Indicative content	Mark
6 cont.	• Psychological explanations for depression/OCD/anorexia nervosa are, for depression, issues around social factors such as work issues or social support. For OCD, issues exist around stress and life events /and issues such as a tendency towards depression or OCD, or to perfectionism for anorexia nervosa.	
	Depression	
	• Although there is a well-established biochemical theory of brain chemical imbalance for depression, cognitive explanations are also strongly favoured.	
	OCD	
	• There is a strong theory of conditioning being involved in OCD.	
	Anorexia nervosa	
	• SLT is strongly involved in the development of eating disorders, as are cognitive causes, but there is also a suggestion of a genetic element.	
	AO3	
	Biological evidence in favour of biological causes of schizophrenia, for example dopamine.	
	• Paranoia in drug users where dopamine levels are kept too high supports the role of dopamine.	
	• Also, effectiveness of drugs that reduce the availability of dopamine supports its role as implicated in the disorder.	
	• The positive correlation between schizophrenia and dopamine is consistent and, according to Seeman (2006), without exception.	
	Evaluation of biological evidence	
	• Excess dopamine can be measured only after onset, which means that the high levels of dopamine may be an effect rather than a cause.	
	• Although antipsychotic drugs reduce dopamine availability in a very short time, the effect on symptoms takes several weeks to appear, suggesting other factors are involved.	

Question Number	Indicative content	Mark
6 cont.	**Evidence of non-biological causes of schizophrenia, for example social causation.** • Research by for example, Dohrenwend et al (1992), showed the incidence of schizophrenia in low-income groups is significantly greater than in higher-income groups. • One possibility is that low-income families are exposed to more risk factors such as infection levels and stress. • Evidence of the level of schizophrenia in immigrant groups provides evidence as they are often in a low-income situation in the host country, compared to the same groups in their home countries where schizophrenia is lower. **Evaluation of non-biological evidence** • Since Dohrenwend et al.'s research, subsequent studies have questioned a causal link, despite the correlation between income and incidence of schizophrenia. • However, there is still uncertainty whether such features are diagnostic, as individuals who do not have schizophrenia are not screened. **Other disorders** • Compare the evidence for or against a biological explanation of these other disorders compared to that of schizophrenia. • OCD is treated effectively by psychological therapies such as CBT. • Anorexia shows that family therapy is effective also cognitive therapies. • Depression treatment uses several effective drugs, but cognitive therapy also has an effective track history. • Conclusions can be that in the other mental disorders it can be argued that there is more evidence for causes other than biological ones than for schizophrenia, though the opposite conclusion can be drawn if evidence is used to support it. **Look for other reasonable marking points, including alternative appropriate psychological evidence.**	

Level	Mark	Descriptor
		AO1 (8 marks), AO3 (12 marks) **Candidates must demonstrate a greater emphasis on evaluation/conclusion vs knowledge and understanding in their answer. Knowledge & understanding is capped at maximum 8 marks.**
Level 0	0	No rewardable material.
Level 1	1–4 marks	Demonstrates isolated elements of knowledge and understanding. (AO1) A conclusion may be presented, but will be generic and the supporting evidence will be limited. Limited attempt to address the question. (AO3)
Level 2	5–8 marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Candidates will produce statements with some development in the form of mostly accurate and relevant factual material, leading to a superficial conclusion being made. (AO3)
Level 3	9–12 marks	Demonstrates accurate knowledge and understanding. (AO1) Arguments developed using mostly coherent chains of reasoning. Leading to a conclusion being presented. Candidates will demonstrate a grasp of competing arguments but evaluation may be imbalanced. (AO3)
Level 4	13–16 marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a well-developed and logical evaluation, containing logical chains of reasoning throughout. Demonstrates an awareness of competing arguments, presenting a balanced conclusion. (AO3)
Level 5	17–20 marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a well-developed and logical evaluation, containing logical chains of reasoning throughout. Demonstrates an awareness of competing arguments and presents a balanced response, leading to an effective nuanced and balanced conclusion. (AO3)

Question Number	Answer	Mark
7(a)	**AO1 (3 marks)** One mark for identifying what weapon focus is, and two marks for justifying how eye-witness testimony is affected. • Witnesses experience greater stress when exposed to a weapon/witnesses tend to focus on a weapon (1). • This distracts them from encoding other information that may be relevant to their testimony (1). • Therefore, they remember less about the event because they were distracted by the weapon. (This makes their testimony unreliable) (1). **Look for other reasonable marking points.**	**(3)**

Question Number	Answer	Mark
7(b)	**AO1 (3 marks)** One mark for identifying a factor, and two marks for justifying the potential effect of that factor on eyewitness testimony. Candidates likely to focus on: **Leading questions** • A leading question may create a different situation/response to that remembered (1), and as a result the witness may then become confused and/or use the question when accessing their memory (1), which may lead to them providing a false recall (1). **Schemas/reconstructive memory** • Past knowledge can interfere with the recall of memories as recall is reconstructed (1). Therefore the witness may provide information based on a previous memory and schemas arising from that (1) rather than the crime they have seen, particularly if the memory is similar to the situation (1). **Look for other reasonable marking points.**	**(3)**

Question Number	Answer	Mark
8(a)	**AO2 (4 marks)**	**(4)**

	Observed	Expected	O-E	$(O-E)^2$	$(O-E)^2/E$
Boys	42	40.4	1.6	2.56	0.06
	10	11.6	1.6	2.56	0.22
Girls	35	36.6	1.6	2.56	0.07
	12	10.4	1.6	2.56	0.25
					0.60

One mark for accurate completion of O-E column.

One mark for accurate completion of $(O-E)^2$ column.

One mark for accurate completion of $(O-E)^2/E$ column (allow more decimal places if offered 0.0634, 0.2207, 0.699, 0.2451).

One mark for correct answer 0.60 (0.6/0.60/0.600/0.6001).

Question Number	Answer	Mark
8(b)	**AO2 (1 mark), AO3 (1 mark)**	**(2)**

One mark for identifying the relationship between the results (1 AO2).

One mark for justifying that the effects of the treatment are not significantly different between the genders (1 AO3).

$X^2 = 0.6$ and the critical value is 3.84 ($p \leq .05$, df1, two-tailed)and as 0.6 is less than 3.84 (1), there is no significance between the male students and female students in terms of change in their anger management from before and then after treatment (1).

Look for other reasonable marking points, including appropriate alternative explanations.

Question Number	Indicative content	Mark
9	**AO1 (4 marks), AO2 (4 marks),**	**(8)**
	Responses can relate to social learning/observation, labelling explanations or self-fulfilling prophecy.	

AO1

- Social explanations for criminal behaviour include social learning theory that says learning is observational.

- There are elements of observational learning including being motivated to copy behaviour and attending to the behaviour in the first place.

- Vicarious learning can take place, which is repeating behaviour after having seen someone being rewarded for it.

- Those who are copied are role models, who are significant people for the one observing.

- The self-fulfilling prophecy (sfp) can be at work, which suggests that if a label is attached to someone, they are likely to fulfil it because of the way they are treated. They live up to the label.

AO2

- Pete may have witnessed people in his social circle and his father, who he may look up to, engaging in offending behaviour and imitate/copy them.

- Copying offending role models will cause him to increase his delinquent behaviour

- Bandura and others (1961, 1963, 1965) showed that children imitated aggression when they watched it, including on television, and it is thought adults model on others in the same way.

- Truanting from school may have given him more opportunity to engage in drug taking with gang members.

- Taking drugs can have a positive effect on how Pete feels and can satisfy his need to conform to his peers. This may make Pete want to take them more often in order to have the same positive feeling each time and to help him to socialise with his peers.

- He may have found that his peers treat him better after committing one offence. The feedback he gets from peers and maybe his father when he commits offences will have encouraged him to continue to commit other offences. He may see his peers as his in group and adopt their behaviour to be part of that group.

Question Number	Indicative content	Mark
9 cont.	• He might have been labelled as a criminal because of his father's behaviour and then lived up to that label according to the SFP. The SFP suggests that someone is expected by others to behave in a certain way and they do then do that, fulfilling the expectation. **Look for other reasonable marking points.**	

Level	Mark	Descriptor
**AO1 (4 marks), AO2 (4 marks)** **Candidates must demonstrate an equal emphasis between knowledge and understanding vs application in their answer.**
Level 0	0	No rewardable material
Level 1	1–2 marks	Demonstrates isolated elements of knowledge and understanding. (AO1) Provides little or no reference to relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2)
Level 2	3–4 marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Discussion is partially developed, but is imbalanced or superficial occasionally supported through the application of relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2)
Level 3	5–6 marks	Demonstrates accurate knowledge and understanding. (AO1) Arguments developed using mostly coherent chains of reasoning. Candidates will demonstrate a grasp of competing arguments but discussion may be imbalanced or contain superficial material supported by applying relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2)
Level 4	7–8 marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a well-developed and logical balanced discussion, containing logical chains of reasoning. Demonstrates a thorough awareness of competing arguments supported throughout by sustained application of relevant evidence from the context (scientific ideas, processes, techniques or procedures). (AO2)

Question Number	Indicative content	Mark
10	**AO1 (6 marks), AO2 (4 marks), AO3 (6 marks)**	**(16)**
	AO1	
	• Characteristics of the defendant can include accent, and juries can make judgements based on someone's accent.	
	• Likewise their clothing and the way they present themselves/are presented.	
	• Their profession/apparent profession.	
	• Gender, age and race are characteristics of a defendant that might affect jury decision-making.	
	• Schemas are used when perceiving or remembering, and people have schemas about 'a defendant in a trial' or about 'being a juror'. This can lead them to make judgements according to certain defendant characteristics.	
	• Jurors might have empathy with a defendant whom they see as similar to themselves.	
	AO2	
	• Use of the characteristics of the two defendants, which can be used in the judgement of whether they will receive different judgements from the jury.	
	• The woman might have an advantage if she is attractive. Their ethnicity is not known, and it might be an important factor in the jury's opinion of their criminal nature.	
	• Also, we do not know jury ethnicity, so we don't know if this matches that of the defendants or not.	
	• Similarly, we don't know if the jurors have any experience of physical assault that might influence their judgements of these two defendants.	
	• Both defendants are on trial for a physical crime, and so the jurors' opinions of them will be similar.	
	• The female defendant, as a model, is assumed to be more attractive than the male defendant.	
	Credit any other reasonable characteristic used that might be a factor in the jurors' bias towards the defendants.	

Question Number	Indicative content	Mark
10 cont.	**AO3** **For the accuracy of juries** • Abwender & Hough (2001) found there is no consistent effect of defendant gender, attractiveness or ethnicity on jury decisions. • Research has suggested that individual jurors may be influenced by the attractiveness of defendants, but this same effect is not shown when researching full juries. In reality, individual jurors do not make the decision, so this effect is reduced. • Abwender & Hough (2001) showed there was no ethnicity- based leniency among white jurors, showing jurors of a different ethnicity to the defendant results in a bias. • Dixon, Mahoney and Cocks (2002) found that a Birmingham accent meant juries tended to see the defendant as more guilty. • Mossiere and Dalby (2008) found that male defendants were found guilty more than female defendants but only slightly more. This can be seen as 'for' jury accuracy or 'against'. **Against the accuracy of juries** • Attractive men are considered less likely to have committed crime than unattractive men (Sigall & Ostrove (1975). • Pfeifer & Ogloff (1991) found that white jury members are more likely to rule a black defendant as guilty than a white defendant. • The jury may have personal experiences of the offence on trial, resulting in a bias towards the offence, rather than the defendant. • Patry (2008) found that jurors who discussed the case were more likely to find an attractive defendant guilty, but those who discussed less were more likely to find a plain defendant guilty. • Guy and Edens (2006) found that male defendants called 'psychopaths' were more likely to be found guilty than female defendants similarly labelled.	

Question Number	Indicative content	Mark
10 cont.	**Other points** • Many studies into the accuracy of jury influence have used mock trials rather than real trials. This has the effect of removing the seriousness of the situation for the jury, which may also influence their accuracy. • Charismatic leaders on the jury can encourage other jurors to agree with their decisions on guilt. • There might be a connection between the characteristics of the defendant and the characteristics of the jurors, rather than characteristics of the defendant being separate. **Look for other reasonable marking points.**	

Level	Mark	Descriptor
		AO1 (6 marks), AO2 (4 marks), AO3 (6 marks) **Candidates must demonstrate an equal emphasis between knowledge and understanding vs assessment/conclusion in their answer. Application to the context is capped at maximum 4 marks.**
Level 0	0	No rewardable material.
Level 1	1–4 marks	Demonstrates isolated elements of knowledge and understanding. (AO1) Provides little or no reference to relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2) Generic assertions may be presented. Limited attempt to address the question. (AO3)
Level 2	5–8 marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Line(s) of argument occasionally supported through the application of relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2) Candidates will produce statements with some development in the form of mostly accurate and relevant factual material, leading to a generic or superficial assessment being presented. (AO3)
Level 3	9–12 marks	Demonstrates accurate knowledge and understanding. (AO1) Line(s) of argument supported by applying relevant evidence from the context (scientific ideas, processes, techniques and procedures). Might demonstrate the ability to integrate and synthesise relevant knowledge. (AO2) Arguments developed using mostly coherent chains of reasoning. Leading to an assessment being presented which considers a range of factors. Candidates will demonstrate understanding of competing arguments/factors but unlikely to grasp their significance. The assessment leads to a judgement but this may be imbalanced. (AO3)
Level 4	13–16 marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Line(s) of argument supported throughout by sustained application of relevant evidence from the context (scientific ideas, processes, techniques or procedures). Demonstrates the ability to integrate and synthesise relevant knowledge. (AO2) Displays a well-developed and logical assessment, containing logical chains of reasoning throughout. Demonstrates an awareness of the significance of competing arguments/factors leading to a balanced judgement being presented. (AO3)

Question Number	Answer	Mark
11	**AO1 (2 marks)** One mark for identifying an advantage and one mark for justification of that advantage. For example: • Single studies give incomplete information as they focus on one setting/culture whereas meta-analysis gives a wider view (1). For example, van iJzendoorn and Kroonenberg used studies from (eight) different countries in their meta-analysis, which means the conclusions drawn are generalisable to more than individuals in one culture (1). • Single studies use one method and analyse one set of results whereas meta-analyses offer more than one set of results (1). Having many sets of results means data can be tested for reliability, as it is as if doing a test/re-test (1). **Look for other reasonable marking points.**	**(2)**

Question Number	Answer	Mark
12(a)	**AO2 (4 marks)** |		Observed	Expected	O-E	$(O-E)^2$	$(O-E)^2/E$
---	---	---	---	---	---	---
Boy	**IN**	9	7.5	1.5	2.25	0.3
	OUT	3	4.5	1.5	2.25	0.5
Girl	**IN**	6	7.5	1.5	2.25	0.3
	OUT	6	4.5	1.5	2.25	0.5
						1.6 | One mark for accurate completion of O-E column. One mark for accurate completion of $(O-E)^2$ column. One mark for accurate completion of $(O-E)^2/E$ column. One mark for correct answer 1.6.	**(4)**

Question Number	Answer	Mark
12(b)	**AO2 (1 mark), AO3 (1 mark)** One mark for identifying the relationship between the results (1 AO2). One mark for justifying why it is not significant (1 AO3). $X^2 = 1.6$ and the critical value is 3.84 (df = 1, $p \leq 0.01$, two-tailed), so as 1.6 is less than 3.84 (1), there is no significance between boys and girls as to whether they play inside or outside (1).	**(2)**

Question Number	Answer	Mark

13(a)(i)	**AO1 (2 marks)**
	
	One mark for each point related to Type A behaviour, which in combination provides a logical description up to 2 marks.
	
	Any two of the following points:
	
	    • Child shows little emotion whether the attachment figure is there or not (1).
	
	    • Child will not explore much/does not seek reassurance (1).
	
	    • Child shows no sign of distress in the strange situation when the attachment figure leaves (1).
	
	    • Child plays normally with the stranger (1).
	
	    • The attachment figure and the stranger can comfort the child equally well (1).
	
	Look for other reasonable marking points.
		(2)

Question Number	Answer	Mark

13(a)(ii)	**AO1 (2 marks)**
	
	One mark for each point related to Type B behaviour, which in combination provides a logical description up to 2 marks.
	
	Any two of the following points:
	
	    • Child will explore much/seek reassurance when attachment figure is present (1).
	
	    • Child shows signs of distress in the strange situation when the attachment figure is not present (1).
	
	    • Child plays normally with the stranger when attachment figure is present (1).
	
	Look for other reasonable marking points.
		(2)

Question Number	Indicative content	Mark
13(b)	**AO1 (4 marks), AO2 (4 marks),**	**(8)**

AO1

- The strange situation is a procedure to test attachment types.

- There are various comings and goings between the caregiver, a stranger and a child. For example, the caregiver goes in and out of the room, sometimes leaving the child alone with the stranger.

- There are two reunions when the caregiver is reunited with the child, and those are the main focus for the data.

- What is important is how the child reacts at those reunions.

- The strange situation procedure is well controlled and well documented and has been used in other cultures to look at attachment types.

AO2

- The two children differ in their nationalities and in their family situations.

- The strange situation is likely to show cultural differences (rather than universality).

- Caregiving style and meeting strangers are part of the strange situation procedure and are likely to have cultural elements.

- van iJzendoorn and Kroonenberg (1988) found differences in Type A and Type C between the cultures, which they put down to parenting styles.

- Anika is from Europe, and European culture is typical of the culture that the strange situation was devised to investigate.

- Hideki is of Asian origin and from studies using the strange situation, it is more likely that he will demonstrate insecure attachment.

Question Number	Indicative content	Mark
13(b) cont.	• Anika has the benefit of more care givers and may not show equal attachment to all family members. • The adult in the strange situation may not be the primary attachment figure. • Hideki has only his mother as caregiver and so may be more strongly attached to her than Anika might be to her mother. **Look for other reasonable marking points.**	

Level	Mark	Descriptor
		AO1 (4 marks), AO2 (4 marks)
		Candidates must demonstrate an equal emphasis between knowledge and understanding vs application in their answer.
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Level 2	3-4 Marks	Demonstrates mostly accurate knowledge and understanding. (AO1) Discussion is partially developed, but is imbalanced or superficial occasionally supported through the application of relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2)
Level 3	5-6 Marks	Demonstrates accurate knowledge and understanding. (AO1) Arguments developed using mostly coherent chains of reasoning. Candidates will demonstrate a grasp of competing arguments but discussion may be imbalanced or contain superficial material supported by applying relevant evidence from the context (scientific ideas, processes, techniques and procedures). (AO2)
Level 4	7-8 marks	Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a well-developed and logical balanced discussion, containing logical chains of reasoning. Demonstrates a thorough awareness of competing arguments supported throughout by sustained application of relevant evidence from the context (scientific ideas, processes, techniques or procedures). (AO2)