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Structural Modeling of High-Risk Sexual Behaviors Based on Misophonia and Sensation Seeking: The Mediating Role of Childhood Trauma in Individuals with Psychopathic Traits

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A B S T R A C T

The present study aimed to model the structural relationships of misophonia and sensation seeking with high-risk sexual behaviors through the mediating role of childhood trauma in individuals with psychopathic traits. The study employed a descriptive-correlational design using structural equation modeling (path analysis). The statistical population consisted of individuals with psychopathic traits or a diagnosis of antisocial personality disorder who were identified during 2025–2026 through psychiatric centers, psychological clinics, counseling centers, and Qazvin Central Prison. Using purposive sampling, 240 participants (67 women and 173 men) were selected as the final sample. Data were collected using the Childhood Trauma Questionnaire (Bernstein et al., 2003), the High-Risk Sexual Behaviors Questionnaire (Zarei et al., 2010), the Zuckerman Sensation Seeking Scale (Zuckerman, 1978), and the Amsterdam Misophonia Scale (Schröder et al., 2013). Data were analyzed using correlation and regression analyses in SPSS 27 and structural equation modeling (path analysis) in AMOS. The findings indicated that the proposed conceptual model, incorporating the mediating role of childhood trauma, demonstrated an acceptable fit to the data ($\chi^2/df = 3.356$, RMSEA = .072, CFI = .910, GFI = .916, $p < .01$). All direct relationships among misophonia, sensation seeking, childhood trauma, and high-risk sexual behaviors were positive and statistically significant ($p < .01$). Furthermore, the mediating role of childhood trauma was confirmed both in the relationship between misophonia and high-risk sexual behaviors ($\beta = .129$) and in the relationship between sensation seeking and high-risk sexual behaviors ($\beta = .077$; $p < .01$). These findings suggest that high-risk sexual behaviors among individuals with psychopathic traits may result from the concurrent interplay of heightened emotional-sensory sensitivity (misophonia), a persistent need for stimulation (sensation seeking), and unresolved adverse experiences from childhood (trauma).

Keywords: *misophonia, sensation seeking, childhood trauma, high-risk sexual behaviors, psychopathic traits, structural equation modeling*

1. Introduction

High-risk sexual behaviors constitute a major psychological and public health concern because they may expose individuals to a range of adverse consequences, including sexually transmitted infections, unintended pregnancy, interpersonal conflict, sexual victimization, emotional distress, and other forms of psychosocial impairment. Such behaviors are not determined by a single factor; rather, they emerge from the interaction of dispositional, emotional, developmental, interpersonal, and contextual processes. Research has consistently indicated that personality characteristics associated with impulsivity, novelty seeking, disinhibition, and a strong preference for stimulation may increase vulnerability to sexual risk taking, particularly when these characteristics coexist with deficits in emotional regulation or a history of adverse experiences (Charnigo et al., 2012; Kalichman et al., 2008; Wang et al., 2020). Accordingly, understanding high-risk sexual behavior requires models that move beyond isolated predictors and examine how enduring personality tendencies interact with affective sensitivities and developmental trauma.

This issue may be particularly important among individuals with psychopathic traits. Psychopathic traits are typically characterized by varying combinations of interpersonal manipulation, callousness, diminished empathy, emotional detachment, impulsivity, irresponsibility, and behavioral disinhibition. Although psychopathy is a multidimensional construct and individuals with psychopathic traits are not behaviorally homogeneous, elevated psychopathic features may be associated with patterns of sensation seeking, reduced sensitivity to consequences, impaired behavioral inhibition, and increased willingness to engage in high-risk interpersonal or sexual conduct. Recent evidence has directly linked psychopathic characteristics with risky sexual behavior, suggesting that individuals with stronger psychopathic tendencies may report greater involvement in potentially harmful or poorly regulated sexual behaviors (Chan & Beech, 2024). Such findings indicate that sexual risk taking in this population may be partly rooted in personality-based motivational systems, but they do not fully explain why individuals with similar levels of psychopathic traits differ substantially in the degree to which they engage in high-risk sexual behaviors.

One personality mechanism that may help explain these differences is sensation seeking. Sensation seeking refers to a dispositional preference for novel, varied, complex, and intense experiences and a willingness to engage in behaviors that provide heightened stimulation. In the sexual domain, this tendency can manifest as a preference for novelty, frequent partner change, intense sexual experiences, or reduced avoidance of situations carrying possible health or interpersonal risks. Studies have demonstrated that sensation seeking is associated with multiple forms of sexual risk behavior and may operate together with impulsivity to increase the probability of unsafe or poorly regulated sexual decision making (Charnigo et al., 2012). Prospective findings have also shown that sensation seeking can predict behaviors relevant to HIV transmission risk, particularly when combined with other disinhibiting factors such as alcohol use (Kalichman et al., 2008). Similarly, sexual sensation seeking and compulsive sexual tendencies have been associated with HIV-related risk behaviors among young adults (Ullete & Lyons, 2015), while personality-based analyses of HIV risk behavior have further emphasized the contribution of dispositional traits to patterns of sexual risk taking (Wang et al., 2020).

Nevertheless, sensation seeking alone is unlikely to provide a sufficient explanation for high-risk sexual behavior among individuals with psychopathic traits. Sexual behavior is also influenced by affective functioning, emotional regulation, interpersonal experience, and subjective responses to environmental stimuli. In this context, misophonia represents a potentially relevant but substantially understudied variable. Misophonia is characterized by unusually intense negative emotional, physiological, and behavioral responses to specific repetitive or pattern-based sounds, commonly including eating, breathing, tapping, clicking, or other human-generated noises. These reactions may involve anger, disgust, anxiety, irritation, autonomic arousal, avoidance, and difficulty disengaging attention from triggering stimuli. Contemporary research increasingly conceptualizes misophonia not merely as an auditory sensitivity but as a complex phenomenon involving attentional capture, cognitive appraisal, emotional reactivity, contextual interpretation, and impaired regulatory flexibility (Black et al., 2026; Savard & Coffey, 2025).

The clinical significance of misophonia extends beyond discomfort in response to particular sounds. Individuals with more severe symptoms may experience interference in social functioning, family relationships, occupational or academic performance, and daily emotional stability. Research has highlighted substantial individual variability in the presentation of misophonia, suggesting that symptom profiles may differ meaningfully in terms of severity,

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emotional responses, functional impairment, and associated psychopathological characteristics (Woolley et al., 2025). Findings from the Iranian population similarly indicate that misophonia can involve complex subjective experiences that affect interpersonal relationships, emotion regulation, avoidance patterns, and perceived control over everyday situations (Abbasi et al., 2026). These findings are particularly relevant when considering populations already characterized by interpersonal difficulties, emotional dysregulation, or maladaptive behavioral tendencies.

Recent cognitive accounts of misophonia propose that exaggerated responses to sound triggers may be maintained by rigid attentional patterns, repetitive negative cognition, heightened anticipatory monitoring, and difficulty flexibly shifting attention or emotional responses (Savard & Coffey, 2025). Supporting this perspective, greater misophonia severity has been associated with heightened rumination and reduced cognitive flexibility, indicating that affected individuals may have difficulty disengaging from aversive internal and external experiences once they are activated (Black et al., 2026). The social meaning attributed to triggering sounds is also important. Misophonic reactions may vary depending on who produces the sound, the perceived intention behind it, and the interpersonal context in which it occurs, suggesting a reciprocal relationship between symptom severity and social judgments (Humolli et al., 2026). Such mechanisms may be especially important in individuals with psychopathic traits, for whom interpersonal interpretation, emotional processing, and behavioral regulation may already differ from normative patterns.

The treatment literature also suggests that misophonia is psychologically modifiable rather than reducible to a fixed sensory abnormality. Cognitive-behavioral and transdiagnostic interventions have begun to demonstrate therapeutic value by targeting maladaptive emotional responses, avoidance, cognitive appraisals, and functional impairment associated with triggering sounds (Lewin et al., 2026). This evolving treatment evidence reinforces the view that misophonia involves interconnected cognitive, emotional, and behavioral processes. From the perspective of the present study, this is important because recurrent emotional arousal and poor regulation of aversive internal states may plausibly increase reliance on immediate, stimulating, or externally rewarding behaviors. Sexual risk taking could, in some individuals, function as one such behavioral pathway, particularly when misophonic distress co-occurs with high sensation seeking and broader personality-based disinhibition.

However, neither sensory-emotional sensitivity nor sensation seeking develops in a psychological vacuum. Early adverse experiences may shape later emotion regulation, threat sensitivity, interpersonal expectations, self-concept, impulsive responding, and patterns of coping. Childhood trauma encompasses experiences such as emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect, all of which may have enduring consequences for psychological functioning. Evidence from different psychopathological contexts has shown that early-life trauma is common among individuals with significant affective and behavioral difficulties and may contribute to later vulnerability through persistent changes in emotional processing and stress responsivity (Kulkarni et al., 2022). Trauma exposure may therefore provide an important developmental framework for understanding why certain personality or sensory characteristics become associated with maladaptive adult behaviors.

The relationship between trauma and sexual functioning is particularly important. Childhood sexual abuse and other adverse interpersonal experiences may alter beliefs about intimacy, safety, trust, bodily autonomy, and interpersonal boundaries. In some individuals, these experiences are associated with posttraumatic symptoms, avoidance, shame, dissociation, dysregulated affect, or risky sexual behavior. Clinical case evidence has illustrated the close relationship between childhood sexual abuse-related posttraumatic stress and persistent high-risk sexual behavior, while also showing that targeted interventions addressing emotion regulation and trauma can reduce maladaptive behavioral patterns (Steil et al., 2021). At a broader level, research on sexual assault has demonstrated that trauma-related outcomes are shaped by multiple psychological and social factors, including stigma, coping resources, minority stress, and interpersonal support (Murphy-Oikonen et al., 2023; Seabra et al., 2023; Strickland et al., 2023). These findings support the assumption that trauma can influence later sexual and interpersonal behavior through a variety of affective and cognitive pathways.

Trauma-related processes are also relevant because emotional dysregulation may mediate the association between interpersonal victimization and subsequent psychological symptoms. For example, alexithymia has been identified as a mediating mechanism linking intimate partner violence to posttraumatic stress symptoms, highlighting the importance of impaired emotional awareness and processing in the persistence of trauma-related difficulties (Dubé et al., 2024). Similarly, systematic

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evidence on the commercial sexual exploitation of children and adolescents indicates that sexual risk and victimization emerge from interconnected individual, familial, social, and structural vulnerabilities rather than from a single causal pathway (Amponsah et al., 2024). These findings are consistent with developmental models in which childhood trauma creates a vulnerability context that may amplify the behavioral effects of dispositional risk factors later in life.

The psychological consequences of sexual trauma and victimization are also not restricted to women. Male survivors may experience substantial posttraumatic stress, shame, difficulties in disclosure, sexual dysfunction, interpersonal problems, and other long-term psychological consequences, while social stereotypes may contribute to underrecognition of their experiences (Thomas & Kopel, 2023). This is especially relevant to research involving samples with a substantial proportion of men, because trauma histories may otherwise be underestimated when conventional assumptions about victimization are applied. In addition, shame and perceived social judgment may become particularly important in sexual and trauma-related psychopathology, influencing avoidance, self-concept, help-seeking, and interpersonal functioning (Seabra et al., 2023). Therefore, childhood trauma should be conceptualized not simply as a historical exposure but as a developmental factor capable of influencing contemporary affective, interpersonal, and behavioral processes.

Sexual functioning itself is multidimensional and cannot be understood solely in terms of pathology or risk. Psychological, relational, and behavioral factors can influence sexual desire, assertiveness, satisfaction, and the capacity to engage in adaptive sexual decision making. Qualitative work with Iranian specialists has emphasized that female sexual difficulties are embedded in interacting psychological, relational, sociocultural, and contextual factors rather than reflecting a single mechanism (Ghasemi et al., 2022). Similarly, intervention research has shown that behavioral activation can improve sexual satisfaction and sexual assertiveness in women experiencing sexual problems, indicating that sexual outcomes are responsive to broader changes in behavioral engagement and psychological functioning (Salehi et al., 2024). These observations underscore the importance of distinguishing consensual and adaptive sexual expression from genuinely high-risk sexual behavior and of analyzing risk within a broader psychosocial framework.

Taken together, the available literature suggests several theoretically meaningful links among the variables considered in the present study. Sensation seeking may directly facilitate high-risk sexual behavior through a strong preference for novelty, stimulation, and immediate reward (Charnigo et al., 2012; Ullete & Lyons, 2015). Psychopathic traits may further intensify this process through disinhibition and reduced sensitivity to potential negative consequences (Chan & Beech, 2024). Misophonia, in contrast, may contribute through heightened emotional-sensory reactivity, rumination, impaired cognitive flexibility, and maladaptive responses to interpersonal or environmental stressors (Black et al., 2026; Humolli et al., 2026; Savard & Coffey, 2025). Childhood trauma may operate across both pathways by shaping emotional regulation, impulsivity, interpersonal schemas, threat processing, and later behavioral coping. Thus, trauma may not only have a direct association with sexual risk but may also help explain how apparently distinct psychological characteristics become behaviorally expressed.

Despite these converging lines of evidence, an important gap remains. Most previous studies have examined high-risk sexual behaviors in relation to personality characteristics, sensation seeking, trauma, sexual victimization, or psychopathy separately, whereas misophonia has largely been investigated in relation to symptom severity, cognitive processes, emotional responses, social functioning, and treatment (Abbasi et al., 2026; Lewin et al., 2026; Woolley et al., 2025). Consequently, little is known about whether misophonia is associated with high-risk sexual behavior, particularly among individuals with psychopathic traits, or whether developmental trauma contributes to this relationship. Similarly, although sensation seeking has a well-established association with sexual risk, its relationship with childhood trauma within a structural model of sexual risk among individuals with psychopathic traits has received less attention. Examining these variables simultaneously may provide a more integrative account of how sensory-emotional sensitivity, stimulation seeking, developmental adversity, and personality-related vulnerability intersect.

A structural modeling approach is particularly appropriate for addressing this gap because it permits estimation of direct and indirect associations within a single conceptual framework. Rather than treating misophonia, sensation seeking, childhood trauma, and high-risk sexual behavior as isolated constructs, such an approach can determine whether childhood trauma statistically mediates the relationships of misophonia and sensation seeking with sexual risk. Identifying such pathways may have practical implications for psychological assessment and intervention.

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If high-risk sexual behavior is associated not only with sensation seeking but also with sensory-emotional reactivity and unresolved developmental trauma, intervention strategies may need to address trauma-related processes, emotion regulation, cognitive rigidity, and stimulus-driven behavioral responding in addition to conventional sexual risk reduction. This multidimensional perspective may be particularly valuable for clinical and correctional populations in whom several vulnerability factors often coexist.

Accordingly, the present study aimed to model the structural relationships of misophonia and sensation seeking with high-risk sexual behaviors through the mediating role of childhood trauma in individuals with psychopathic traits.

2. Methods and Materials

2.1. Study Design and Participants

The present study was applied in terms of its objective and employed a descriptive-correlational design using structural equation modeling and path analysis. The primary aim was to examine the direct and indirect relationships among misophonia, sensation seeking, childhood trauma, and high-risk sexual behaviors in individuals with psychopathic traits. Within the proposed conceptual framework, misophonia and sensation seeking were considered predictor variables, childhood trauma was specified as the mediating variable, and high-risk sexual behaviors constituted the criterion variable. The use of structural equation modeling made it possible to examine the hypothesized relationships among these variables simultaneously within a unified theoretical model and to estimate both the direct effects of the predictors on high-risk sexual behaviors and their indirect effects through childhood trauma. Because the study was correlational and nonexperimental, the estimated pathways were interpreted as statistical associations rather than as evidence of causal relationships.

The statistical population consisted of individuals with psychopathic traits or a diagnosis of antisocial personality disorder who were identified between 2025 and 2026 through psychiatric centers, psychological clinics, specialized counseling centers, and Qazvin Central Prison. At the initial screening stage, 320 individuals, including 89 women and 231 men, were assessed for eligibility. Following evaluation of the inclusion and exclusion criteria and the exclusion of individuals who did not meet the eligibility requirements or who returned incomplete questionnaires, 240 participants, including 67 women and 173 men, constituted the final analytic sample. Accordingly, 80 of the initially screened individuals were not included in the final analyses. Participants were recruited using purposive sampling because eligibility depended on the presence of characteristics directly relevant to the objectives of the study. The participants ranged in age from 20 to 50 years; 26% were aged 20–30 years, 39% were aged 31–40 years, and 35% were aged 41–50 years. Because participants were purposively recruited from clinical, counseling, psychiatric, and correctional settings, the characteristics of the sampling frame should be considered when interpreting the external validity and generalizability of the findings to individuals with psychopathic traits in community-based or other nonclinical populations.

The inclusion criteria consisted of the presence of psychopathic traits or a diagnosis of antisocial personality disorder based on clinical records and confirmation by a qualified specialist, possession of sufficient reading and writing ability to understand and complete the self-report questionnaires, and provision of informed consent to participate in the study. The exclusion criteria included incomplete questionnaire completion and the occurrence of any condition during data collection that made continued participation impossible. These eligibility criteria were applied to increase the correspondence between the characteristics of the sample and the research objectives and to ensure the availability of sufficiently complete and interpretable data for the planned statistical analyses. Ethical principles were observed throughout the study. Participants were informed about the study procedures and the voluntary nature of participation, written informed consent was obtained, confidentiality of personal and research information was maintained, participants were informed of their right to withdraw from the study at any stage without adverse consequences, and identifying information was coded to protect participant anonymity.

2.2. Data Collection Tools

The Childhood Trauma Questionnaire–Short Form (CTQ-SF) developed by Bernstein et al. (2003) was used to assess adverse and traumatic experiences during childhood and adolescence. The Persian version used in the present study was based on the translation reported by Kazemi et al. (2016). The CTQ-SF consists of 28 items, of which 25 assess experiences of childhood maltreatment and neglect and three constitute a Minimization/Denial scale designed to identify

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a potential tendency to underreport adverse childhood experiences. The questionnaire assesses five principal dimensions: emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect. Emotional abuse refers to verbally or emotionally harmful interpersonal experiences during childhood, whereas physical abuse reflects experiences involving physical aggression, punishment, or injury. Sexual abuse concerns inappropriate or harmful sexual experiences occurring during childhood. Emotional neglect reflects insufficient emotional support, affection, attention, and responsiveness from caregivers, whereas physical neglect concerns inadequate provision of basic physical and material needs. Items are rated on a five-point response scale ranging from responses indicating that an experience was never true to responses indicating that it was very often true. Scores for each subscale are calculated from the corresponding items, with higher scores reflecting greater reported exposure to the relevant form of abuse or neglect. The three Minimization/Denial items are interpreted according to the scoring procedures of the instrument and are not automatically incorporated into the overall childhood trauma score. The original CTQ-SF has demonstrated satisfactory psychometric properties in clinical and nonclinical populations (Bernstein et al., 2003). Based on the information available for the present study, Cronbach's alpha coefficients for its subscales ranged from .81 to .94, indicating good to excellent internal consistency. Because the questionnaire assesses retrospective self-reports of highly sensitive childhood experiences, participants' responses were treated as confidential, and the resulting scores were interpreted as self-reported exposure to adverse childhood experiences rather than independent verification that specific events had occurred.

High-risk sexual behaviors were assessed using the High-Risk Sexual Behaviors Questionnaire developed by Zarei et al. (2010). According to the specifications adopted in the present study, the instrument consists of 10 items designed to assess behaviors and experiences associated with an elevated probability of adverse sexual health and psychosocial outcomes. Conceptually, high-risk sexual behavior may involve behavioral patterns associated with increased exposure to sexually transmitted infections, unintended pregnancy, or other adverse physical and psychological consequences; however, interpretation of the construct in the present study was restricted to the operational content of the items included in the questionnaire rather than to a broader assumption that all unconventional or noncommitted sexual behaviors are inherently risky. The instrument was administered as a self-report measure, and higher scores indicated a greater level of high-risk sexual behavior as defined by the questionnaire. Based on the information available for this study, the reported Cronbach's alpha coefficient was .86, indicating satisfactory internal consistency. Because the questionnaire addresses sensitive aspects of sexual behavior, administration emphasized confidentiality, voluntary participation, nonjudgmental data collection, and protection of participants' privacy. Responses were interpreted solely for research purposes and within the operational definition of high-risk sexual behavior adopted in the study.

Sensation seeking was measured using the Sensation Seeking Scale–Form V (SSS-V), developed by Zuckerman, Eysenck, and Eysenck (1978). The Persian version employed in the present study was based on the translation reported by Mahvi-Shirazi (2005). The SSS-V contains 40 forced-choice items, with each item presenting two alternative statements from which participants select the statement that more closely reflects their preferences or typical behavioral tendencies. This response format differs from conventional Likert-type scales because respondents make a direct choice between two contrasting alternatives. The instrument assesses four dimensions of sensation seeking: Thrill and Adventure Seeking, Experience Seeking, Disinhibition, and Boredom Susceptibility. Thrill and Adventure Seeking reflects a preference for physically stimulating, adventurous, or potentially risky activities; Experience Seeking refers to a preference for novelty, variety, unconventional experiences, and environmental or interpersonal change; Disinhibition reflects a tendency toward reduced behavioral restraint and greater involvement in socially stimulating or pleasure-oriented activities; and Boredom Susceptibility represents intolerance of repetition, routine, and monotony and a preference for changing or stimulating circumstances. Each subscale contains 10 items, and the total sensation-seeking score is calculated by summing the scores across the four subscales. Higher scores indicate greater sensation-seeking tendencies. Sensation seeking is conceptualized as a personality disposition involving the preference for novel, varied, complex, and intense experiences and a willingness to engage in behaviors that may facilitate such stimulation; nevertheless, a high score does not necessarily imply that an individual will engage in risky behavior in every context (Zuckerman et al., 1978). According to the information provided for the present research, Cronbach's alpha coefficients ranged from .83 to .86, indicating good internal consistency.

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The severity of misophonia symptoms was assessed using the Amsterdam Misophonia Scale (A-MISO-S), introduced by Schröder et al. (2013). The Persian version used in the present study was based on the translation reported by Behpajouh and Komasi (2018). The original A-MISO-S consists of six items designed to assess the severity of misophonia symptoms and the degree of functional impairment associated with emotional and behavioral responses to specific sound triggers. The instrument was developed partly on the basis of the structure of the Yale–Brown Obsessive Compulsive Scale and evaluates several clinically relevant aspects of misophonia. These domains include the amount of time occupied by misophonic symptoms, interference with social functioning, severity of emotional distress such as anger or irritation, efforts to resist impulses or responses triggered by specific sounds, perceived control over related thoughts and emotional reactions, and avoidance of situations in which triggering sounds are likely to occur. Each item is scored according to the original scoring system, producing a total score ranging from 0 to 24, with higher scores indicating greater symptom severity and functional impairment. In the original proposed classification, total scores of 0–4 were considered subclinical, 5–9 mild, 10–14 moderate, 15–19 severe, and 20–24 very severe. These severity classifications were interpreted cautiously because the A-MISO-S was developed relatively early in the scientific assessment of misophonia and subsequent measures have expanded the psychometric assessment of this construct. Based on the information available for the Persian version used in the present research, Cronbach's alpha coefficients have been reported in the range of .83 to .89, indicating satisfactory internal consistency. The A-MISO-S was used as an indicator of symptom severity rather than as a stand-alone diagnostic instrument, and its scores were therefore not interpreted as a substitute for comprehensive clinical assessment or formal diagnosis.

2.3. Data Analysis

Data analysis was conducted using IBM SPSS Statistics version 27 and AMOS. Prior to testing the structural model, the dataset was screened for completeness, coding accuracy, and potential outliers. Univariate outliers were examined through the distribution of individual variables, whereas multivariate outliers were assessed using Mahalanobis distance. Cases identified as problematic according to the predetermined screening procedures were excluded before the final path analysis. The statistical assumptions required for correlational, regression-based, and structural analyses were subsequently evaluated. The normality of the study variables was examined using the Kolmogorov–Smirnov test in conjunction with the distributional characteristics of the variables. Independence of residuals was evaluated using the Durbin–Watson statistic. Multicollinearity was examined using tolerance values and variance inflation factors (VIF), with acceptable values interpreted as evidence that excessive linear dependency among the predictor variables was not present. After confirmation that the data were suitable for the planned analyses, descriptive statistics and bivariate correlations were calculated to describe the variables and examine their preliminary associations.

The hypothesized relationships among misophonia, sensation seeking, childhood trauma, and high-risk sexual behaviors were then examined using structural equation modeling in the form of path analysis. Misophonia and sensation seeking were entered as exogenous predictor variables, childhood trauma was modeled as the mediator, and high-risk sexual behaviors were specified as the endogenous criterion variable. Model adequacy was evaluated using multiple goodness-of-fit indices rather than relying on a single criterion. The indices considered included the chi-square to degrees-of-freedom ratio (χ^2/df), Comparative Fit Index (CFI), Incremental Fit Index (IFI), Normed Fit Index (NFI), Goodness-of-Fit Index (GFI), Root Mean Square Error of Approximation (RMSEA), and Standardized Root Mean Square Residual (SRMR). The statistical significance of direct path coefficients was evaluated within the structural model, whereas indirect effects involving childhood trauma were tested using a bootstrap procedure. Bootstrap confidence intervals were used to determine whether the indirect effects of misophonia and sensation seeking on high-risk sexual behaviors through childhood trauma differed significantly from zero. Statistical significance was evaluated at the conventional significance level adopted for the study, while standardized path coefficients were used to facilitate interpretation and comparison of the relative magnitude of the structural relationships.

3. Findings and Results

Prior to testing the structural model, descriptive statistics, distributional assumptions, and bivariate relationships among the study variables were examined. The mean and standard deviation values for misophonia, sensation seeking,

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childhood trauma, and high-risk sexual behaviors were 14.54 (SD = 3.48), 27.58 (SD = 6.26), 76.37 (SD = 12.97), and 35.78 (SD = 6.49), respectively. The skewness and kurtosis values for all variables fell within the acceptable range of ±2, and the Kolmogorov–Smirnov test indicated no significant departure from univariate normality ($p > .05$). In addition, Mardia's multivariate kurtosis coefficient was 2.198, which was within the acceptable range of ±3 and supported the assumption of multivariate normality. Examination of multicollinearity diagnostics also indicated that none of the study variables exhibited problematic multicollinearity. Descriptive statistics and Pearson correlation coefficients for the principal variables are presented in Table 1.

Table 1

Descriptive Statistics and Pearson Correlations Among the Study Variables

Variable	M	SD	Skewness	Kurtosis	1	2	3	4
1. Misophonia	14.54	3.48	-0.835	0.594	1			
2. Sensation seeking	27.58	6.26	-0.613	0.393	.514**	1		
3. Childhood trauma	76.37	12.97	-0.370	0.100	.569**	.484**	1	
4. High-risk sexual behaviors	35.78	6.49	-0.547	0.796	.590**	.550**	.571**	1

As shown in Table 1, all study variables were positively and significantly correlated with one another at the .01 significance level. Misophonia was positively associated with sensation seeking ($r = .514$, $p < .01$), childhood trauma ($r = .569$, $p < .01$), and high-risk sexual behaviors ($r = .590$, $p < .01$). Sensation seeking was also positively correlated with childhood trauma ($r = .484$, $p < .01$) and high-risk sexual behaviors ($r = .550$, $p < .01$). In addition, childhood trauma showed a significant positive correlation with high-risk sexual behaviors ($r = .571$, $p < .01$). The magnitude and direction of these associations were consistent with the hypothesized structural relationships and provided preliminary support for proceeding with path analysis.

The proposed conceptual model was subsequently tested using path analysis in AMOS. Model adequacy was evaluated using several absolute, incremental, and residual-based fit indices. The observed values and corresponding recommended criteria are presented in Table 2.

Table 2

Goodness-of-Fit Indices for the Proposed Structural Model

Fit Index	Acceptable Criterion	Observed Value	Evaluation
χ^2/df	≤ 5	3.356	Acceptable
IFI	> .90	.912	Acceptable
CFI	> .90	.910	Acceptable
GFI	> .90	.916	Acceptable
NFI	> .90	.909	Acceptable
RMSEA	< .08	.072	Acceptable
SRMR	< .08	.061	Acceptable

The results presented in Table 2 indicated that all goodness-of-fit indices were within acceptable ranges. The ratio of chi-square to degrees of freedom was 3.356, while the incremental and comparative fit indices exceeded the conventional threshold of .90, including IFI = .912, CFI = .910, GFI = .916, and NFI = .909. Moreover, the residual-based indices demonstrated satisfactory model fit, with RMSEA = .072 and SRMR = .061, both below the recommended cutoff of .08. Taken together, these indices indicated that the proposed structural model provided an acceptable representation of the observed data and supported examination of the hypothesized direct and indirect pathways.

The standardized and unstandardized coefficients for the direct and indirect pathways are presented in Table 3. Direct effects were estimated within the structural model, whereas indirect effects were examined using bootstrap analysis to determine the mediating role of childhood trauma in the associations of misophonia and sensation seeking with high-risk sexual behaviors.

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Table 3

Direct and Indirect Effects in the Structural Model

Effect	Path	B	β	t	p
Direct	Misophonia → High-risk sexual behaviors	0.558	.323	5.604	< .01
Direct	Sensation seeking → High-risk sexual behaviors	0.274	.286	5.374	< .01
Direct	Childhood trauma → High-risk sexual behaviors	0.137	.278	4.625	< .01
Direct	Misophonia → Childhood trauma	1.625	.463	8.510	< .01
Direct	Sensation seeking → Childhood trauma	0.538	.276	5.077	< .01
Indirect	Misophonia → Childhood trauma → High-risk sexual behaviors	0.222	.129	—	< .01
Indirect	Sensation seeking → Childhood trauma → High-risk sexual behaviors	0.074	.077	—	< .01

As shown in Table 3, misophonia had a significant positive direct effect on high-risk sexual behaviors (β = .323, p < .01), as did sensation seeking (β = .286, p < .01) and childhood trauma (β = .278, p < .01). Misophonia also significantly and positively predicted childhood trauma (β = .463, p < .01), and sensation seeking showed a significant positive direct effect on childhood trauma (β = .276, p < .01). Bootstrap analysis further demonstrated that the indirect effect of misophonia on high-risk sexual behaviors through childhood trauma was statistically significant (β = .129, p < .01), as was the indirect effect of sensation seeking on high-risk sexual behaviors through childhood trauma (β = .077, p < .01). Because both the direct effects of misophonia and sensation seeking on high-risk sexual behaviors and their corresponding indirect effects through childhood trauma remained statistically significant, childhood trauma functioned as a partial mediator in both relationships. Overall, the findings supported all hypothesized pathways in the proposed structural model.

4. Discussion

The present study examined the structural relationships of misophonia and sensation seeking with high-risk sexual behaviors through the mediating role of childhood trauma in individuals with psychopathic traits. The findings showed that the proposed structural model had an acceptable fit and that all hypothesized direct and indirect relationships were statistically significant. Specifically, misophonia, sensation seeking, and childhood trauma each had significant positive direct effects on high-risk sexual behaviors. Misophonia and sensation seeking also had significant positive effects on childhood trauma scores, and childhood trauma partially mediated the relationships of both misophonia and sensation seeking with high-risk sexual behaviors. These findings indicate that sexual risk taking in individuals with psychopathic traits may be better understood through a multilevel framework in which dispositional stimulation seeking, heightened sensory-emotional reactivity, and adverse developmental experiences interact rather than operate as isolated risk factors.

The first major finding was that misophonia had a significant positive direct effect on high-risk sexual behaviors. Although the direct relationship between misophonia and sexual risk has received little empirical attention, this finding can be interpreted in light of contemporary conceptualizations of misophonia as a condition involving more than heightened auditory sensitivity. Misophonia has increasingly been associated with persistent emotional arousal, attentional capture, rumination, behavioral avoidance, interpersonal disruption, and reduced cognitive flexibility (Black et al., 2026; Savard & Coffey, 2025). Individuals with more severe misophonic symptoms may experience intense anger, irritation, disgust, or distress in response to specific auditory triggers, and difficulty disengaging from these reactions may place considerable demands on emotion-regulation resources. The observed association may therefore reflect a broader pattern in which heightened emotional-sensory reactivity is accompanied by maladaptive or impulsive strategies for regulating distress.

This interpretation is consistent with findings showing that misophonia is strongly shaped by social context and interpersonal appraisal. Reactions to triggering sounds may vary according to who produces the sound, how intentional the sound is perceived to be, and what meaning is assigned to the social situation (Humolli et al., 2026). In individuals with psychopathic traits, who may already demonstrate difficulties in interpersonal processing, emotional regulation, and behavioral inhibition, this context-sensitive emotional reactivity may contribute to more unstable or dysregulated behavioral responses. Qualitative evidence from the Iranian population has similarly shown that misophonia may be associated with interpersonal tension,

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emotional distress, avoidance, reduced perceived control, and substantial impairment in daily functioning (Abbasi et al., 2026). These features provide a plausible psychological context for understanding why greater misophonic symptom severity may covary with high-risk sexual behavior, particularly when individuals seek highly stimulating or immediately rewarding experiences as a means of escaping aversive affective states.

The significance of this finding is further supported by emerging treatment evidence. Transdiagnostic cognitive-behavioral approaches to misophonia have targeted maladaptive appraisals, avoidance, emotional reactivity, and functional impairment and have demonstrated that at least some components of the condition are modifiable through psychological intervention (Lewin et al., 2026). This implies that the association between misophonia and risky behavior may not merely reflect an immutable sensory trait, but rather a broader set of cognitive and affective regulatory difficulties. The heterogeneity of misophonia should also be considered. Symptom-based subgrouping suggests substantial individual variability in how misophonia is expressed, with different profiles of emotional, cognitive, and functional symptoms (Woolley et al., 2025). Accordingly, the relationship identified in the present study may be particularly pronounced in those individuals whose misophonia is characterized by strong anger responses, rumination, impaired flexibility, and behavioral dysregulation.

The second major finding was that sensation seeking had a significant positive direct effect on high-risk sexual behaviors. This result is highly consistent with previous empirical evidence. Sensation seeking is characterized by a preference for novel, varied, intense, and stimulating experiences and a willingness to engage in behaviors that may involve risk in order to obtain such stimulation. In the sexual domain, this disposition may be expressed through novelty seeking, reduced avoidance of potentially hazardous situations, greater willingness to engage in unprotected sexual activity, or a preference for intense and unconventional sexual experiences. Previous studies have demonstrated that sensation seeking and impulsivity are jointly associated with sexual risk behavior in young adults (Charnigo et al., 2012). Similarly, sensation seeking has been shown to prospectively predict HIV transmission-related behaviors, especially when combined with other disinhibiting factors such as alcohol use (Kalichman et al., 2008).

The present finding also aligns with evidence indicating that sexual sensation seeking and compulsive tendencies are associated with elevated HIV-related sexual risk behaviors (Ullete & Lyons, 2015). Personality-focused research has likewise shown that individual differences in dispositional characteristics are related to patterns of HIV risk behavior, further supporting the relevance of personality in understanding sexual decision making (Wang et al., 2020). In individuals with psychopathic traits, the influence of sensation seeking may be amplified by disinhibition, impulsivity, reward sensitivity, reduced concern for long-term consequences, or diminished emotional responsiveness to risk. The significant direct effect observed in this study therefore supports the view that sensation seeking functions as a proximal dispositional mechanism through which individuals may be drawn toward immediate, stimulating, or risky sexual experiences.

The third finding showed that childhood trauma had a significant positive direct effect on high-risk sexual behaviors. This result is theoretically coherent with developmental trauma models suggesting that early adverse experiences can influence later affect regulation, interpersonal functioning, self-concept, attachment, threat perception, and behavioral coping. Childhood abuse and neglect may disrupt the development of adaptive emotional regulation and increase vulnerability to impulsive, avoidant, dissociative, or self-defeating coping strategies later in life. Evidence from clinical populations indicates that early-life trauma is common among individuals with significant psychological difficulties and may contribute to persistent affective and behavioral dysregulation (Kulkarni et al., 2022).

The association between childhood trauma and sexual risk is also supported by literature on trauma-related sexual behavior. Clinical evidence has shown that posttraumatic stress following childhood sexual abuse may coexist with high-risk sexual behavior and that effective trauma-focused treatment can reduce maladaptive behavioral patterns when emotion regulation and trauma memories are addressed directly (Steil et al., 2021). Similarly, studies of sexual assault survivors have identified complex relationships among trauma exposure, psychological distress, stigma, shame, coping, and social support (Murphy-Oikonen et al., 2023; Seabra et al., 2023; Strickland et al., 2023). These mechanisms may help explain why childhood trauma remained a significant predictor of sexual risk even after accounting for misophonia and sensation seeking. Trauma may affect later sexual behavior through altered expectations

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about intimacy, reduced interpersonal trust, diminished self-protective behavior, impaired boundary setting, and attempts to regulate distress through immediate or high-intensity experiences.

The importance of trauma-related emotional processing is further illustrated by evidence showing that alexithymia can mediate the relationship between interpersonal violence and posttraumatic stress symptoms (Dubé et al., 2024). Difficulties identifying and regulating emotional states may therefore represent one pathway through which adverse experiences translate into later maladaptive behavior. Although alexithymia was not assessed in the present study, the broader principle is relevant: childhood trauma may exert its effects not only through remembered adverse events but through enduring alterations in emotional awareness, regulation, and interpersonal functioning. Research on commercial sexual exploitation similarly indicates that vulnerability to sexual harm reflects interacting individual, familial, and social risk factors rather than a single direct pathway (Amponsah et al., 2024). The present results are consistent with such multidimensional models.

Another important finding was that misophonia significantly predicted childhood trauma scores. This association should be interpreted cautiously because the cross-sectional design does not establish temporal or causal direction. Childhood trauma necessarily precedes current adult misophonia symptoms chronologically, but the statistical path in the model reflects an association rather than proof that misophonia causes trauma. A plausible developmental interpretation is that individuals with greater histories of childhood adversity may develop heightened threat sensitivity, increased emotional reactivity, persistent hypervigilance, and more rigid attentional processing, which could contribute to stronger misophonic experiences later in life. Current cognitive models of misophonia emphasize the importance of attentional bias, learned associations, appraisal processes, and difficulties in flexible regulation (Savard & Coffey, 2025). The association between misophonia severity, rumination, and reduced cognitive flexibility is also consistent with the possibility that adverse early environments may contribute to regulatory vulnerabilities that later become expressed partly through intense sound-triggered responses (Black et al., 2026).

The positive relationship between sensation seeking and childhood trauma also deserves consideration. Although sensation seeking is often conceptualized as a relatively stable dispositional trait, developmental experiences may shape how this trait is behaviorally expressed. Individuals exposed to early adversity may become more likely to seek intense stimulation, novelty, or immediate reward as a means of regulating underarousal, escaping negative emotional states, or compensating for chronic distress. Trauma exposure may also weaken behavioral control or reinforce short-term coping strategies. In individuals with psychopathic traits, this combination may be especially consequential because both trauma-related dysregulation and trait-based reward seeking may converge on the same behavioral outcomes. Thus, the association observed in the present study may reflect the interaction between developmental vulnerability and dispositional stimulation seeking rather than a simple unidirectional causal process.

Most importantly, childhood trauma significantly mediated the relationships of both misophonia and sensation seeking with high-risk sexual behaviors. The indirect effect was stronger for misophonia than for sensation seeking, although both were statistically significant. This suggests that childhood trauma may represent one developmental pathway through which current emotional-sensory sensitivity and stimulation-seeking tendencies become associated with sexual risk. Because the direct effects of misophonia and sensation seeking remained significant after childhood trauma was included, the mediation was partial rather than complete. Therefore, childhood trauma explains only part of these relationships, and additional mechanisms are likely involved.

The partial mediation finding is consistent with a broader trauma-informed perspective in which early adversity increases vulnerability but does not fully determine later outcomes. Trauma-related shame, emotional dysregulation, cognitive rigidity, interpersonal insecurity, and maladaptive coping may contribute to risky sexual behavior, while personality and environmental factors continue to exert independent influences. Research examining shame and psychopathology has shown that social support and self-compassion can alter the consequences of shame-related experiences (Seabra et al., 2023), while work on sexual assault survivors highlights the importance of resilience and protective factors in shaping posttraumatic adaptation (Strickland et al., 2023). Accordingly, childhood trauma should be understood as a significant but not deterministic pathway.

The results also need to be considered within a broader understanding of sexual functioning. Sexual behavior is multidimensional, and not all nontraditional, frequent, or highly stimulating sexual activity should be classified as pathological or risky. Research with Iranian specialists has

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emphasized that sexual functioning reflects interacting psychological, interpersonal, and contextual influences (Ghasemi et al., 2022). Likewise, behavioral interventions have demonstrated that sexual satisfaction and sexual assertiveness can improve through changes in behavioral engagement and psychological functioning (Salehi et al., 2024). Therefore, the present findings should be interpreted specifically in relation to behaviors operationalized as high risk, rather than as evidence that sexual expression itself is problematic.

The results may also have relevance for trauma and sexual victimization across genders. Male victims of sexual assault may experience substantial psychological consequences that are often underrecognized because of stigma and gendered assumptions regarding victimization (Thomas & Kopel, 2023). This consideration is particularly important given that the present sample contained substantially more men than women. Failure to recognize trauma histories among men may obscure important developmental pathways to later risk behavior. Similarly, the increased vulnerability of some sexual-minority individuals to posttraumatic consequences following sexual assault suggests that social context and identity-related stressors can modify trauma outcomes (Murphy-Oikonen et al., 2023). Although these factors were not directly examined in the present study, they underscore the need to interpret childhood trauma within broader interpersonal and social contexts.

5. Conclusion

Overall, the present findings extend previous literature by integrating misophonia, sensation seeking, childhood trauma, and high-risk sexual behaviors within a single structural model in individuals with psychopathic traits. Prior studies have established links between sensation seeking and sexual risk (Charnigo et al., 2012; Kalichman et al., 2008), between psychopathic traits and risky sexual behavior (Chan & Beech, 2024), and between trauma-related processes and maladaptive sexual or posttraumatic outcomes (Dubé et al., 2024; Steil et al., 2021). At the same time, recent misophonia research has emphasized cognitive rigidity, rumination, social-context sensitivity, and individual variability (Black et al., 2026; Humolli et al., 2026; Woolley et al., 2025). By bringing these lines of research together, the present study suggests that high-risk sexual behavior in individuals with psychopathic traits may emerge from the convergence of stimulation-seeking tendencies, heightened emotional-sensory reactivity, and unresolved developmental adversity.

A number of limitations should be considered when interpreting the findings. First, the cross-sectional and correlational design prevents firm conclusions regarding causal direction, even though the structural model specified theoretically ordered pathways. Second, the use of purposive sampling from psychiatric, psychological, counseling, and correctional settings limits the generalizability of the results to community populations or individuals with psychopathic traits who are not in contact with clinical or correctional services. Third, all principal study variables were measured using self-report instruments, creating the possibility of common-method variance, recall bias, social desirability, and underreporting, particularly for sensitive topics such as childhood trauma and sexual behavior. Fourth, childhood trauma was assessed retrospectively and therefore reflects participants' current recollection and interpretation of earlier experiences. Fifth, the study did not examine potentially relevant variables such as impulsivity, substance use, attachment style, emotion-regulation difficulties, alexithymia, shame, socioeconomic status, relationship status, or severity and dimensions of psychopathic traits, all of which may influence the observed relationships. Finally, the unequal gender distribution of the sample may have affected the pattern of associations and reduced the ability to examine possible sex differences.

Future studies should employ longitudinal designs to clarify the temporal ordering of childhood adversity, misophonic symptoms, sensation-seeking tendencies, and high-risk sexual behavior and to determine whether changes in one domain predict subsequent changes in another. Replication in larger and more diverse clinical, correctional, and community samples is also recommended, with stratified analyses by sex, age, relationship status, and severity of psychopathic traits. Future research could test more complex models including impulsivity, emotion dysregulation, alexithymia, shame, attachment insecurity, substance use, and social support as additional mediators or moderators. It would also be useful to distinguish among different dimensions of childhood trauma rather than relying only on a global score, because emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect may have different relationships with sexual risk and sensory-emotional reactivity. More detailed assessment of misophonia symptom profiles may further clarify whether specific dimensions, such as anger, avoidance, rumination,

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or functional impairment, are especially relevant to risky sexual behavior.

From a practical perspective, the findings suggest that assessment of high-risk sexual behavior among individuals with psychopathic traits should extend beyond immediate behavioral indicators and include screening for childhood trauma, sensation seeking, and clinically significant misophonic symptoms. Interventions may benefit from integrating trauma-informed approaches with emotion-regulation training, cognitive restructuring, distress-tolerance skills, and strategies for managing impulsive or stimulation-seeking behavior. Clinicians working in psychiatric, psychological, and correctional settings may also benefit from distinguishing between consensual sexual expression and genuinely high-risk behavior in order to avoid stigmatizing patients while still addressing behaviors associated with harm. Programs targeting sexual risk reduction may be more effective when they address not only knowledge and behavioral choices but also underlying emotional triggers, developmental adversity, and the individual's need for stimulation. In individuals with prominent misophonia, strategies for managing trigger-related arousal, rumination, avoidance, and interpersonal conflict may also be incorporated into broader treatment plans.

Authors' Contributions

Authors equally contributed to this article.

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In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

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