and whether these have implications for mental and sexual wellbeing.

We aimed to identify different clusters of adverse outcomes, to investigate associated socio-demographic and lifestyle factors, and to compare risk of depression and low sexual wellbeing (dissatisfaction and distress with sex life) between groups.

**Methods** We used data from the British National Surveys of Sexual Attitudes and Lifestyles (NATSAL 3, 2010–2012; men n=5113; women n=7019; ages 16–74). Latent Class Analysis (Mplus, version 8) used 16 variables relating to sexually transmitted infections (and associated sexual risk behaviours and attitudes), sexual coercion and sexual function problems, with men and women analysed separately. Multinomial logistic regression (Stata/SE14.2) assessed factors associated with class membership.

**Results** We found four groups for men, and six for women. Male groups were: low risk/problems (81%), sexual function problems (9%), worried risk-takers (5%) and unworried risk-takers (5%). Female groups were: low risk/problems (60%), sexual function problems (7%), worried risk-takers (3%), unworried risk-takers (8%), sex-avoiding (20%) and high vulnerability (2%). Unworried risk-takers did not perceive themselves as being at risk, whereas worried risk-takers did. Unworried were more likely than worried risk-takers to be older (men: OR 2.2; 95% CI 1.1 to 4.2), or smokers (women: OR 1.7, 95% CI 1.1 to 2.6). The high vulnerability group (found in women only) reported sexual risk, sexual function problems and coercion, and was characterised by drug and alcohol use (compared to low risk/problems group, OR 3.5, CI 1.5–8.3). Compared to low risk/problems groups, other groups were more likely to be depressed, distressed and dissatisfied with their sex life, with odds ratios (all p<0.05) for different groups ranged as follows: depression: men 2.1–3.5, women 2.9–8.4; distressed: men 1.5–4.9, women 3.2–13.9; dissatisfied: men 2.6 (only sexual function problems group p<0.05), women 2.1–11.9. The highest odds occurred among women in the high vulnerability and sexual function problems groups.

**Conclusion** Identification of different sexual risk/problem groups, all at risk of depression and low sexual well-being, is helpful for planning sexual health policies and services. Of particular interest are two distinct groups of risk-takers (worried and unworried), and a group of women (but not men) who are vulnerable to a range of adverse sexual health outcomes and warrant particular public health attention.