Female Orgasm & Masturbation Survey

An illustrated, plain-English guide to women's experiences of pleasure, orgasm and anxiety

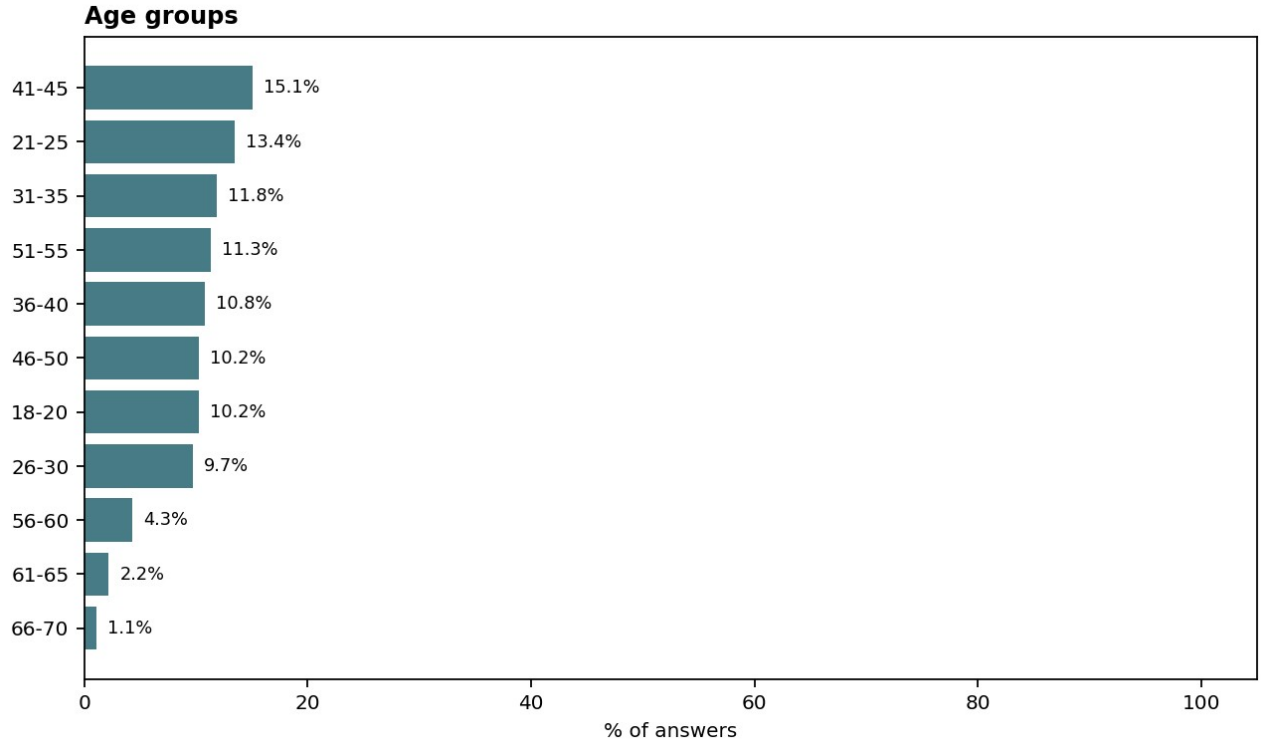
187 submitted responses · Survey dates: 2017-11-02 to 2026-11-15

This report describes the experiences of women who chose to complete this survey. It is not a representative sample of all women, and percentages should not be treated as universal norms. There is no single correct frequency, method or type of orgasm.

How to read the charts: bars show the percentage of respondents choosing each answer. For multi-item questions, each activity is rated separately, so percentages across activities do not add up to 100%. "Never" can mean an activity was not tried, did not cause orgasm, or was not applicable; the survey does not distinguish these possibilities.

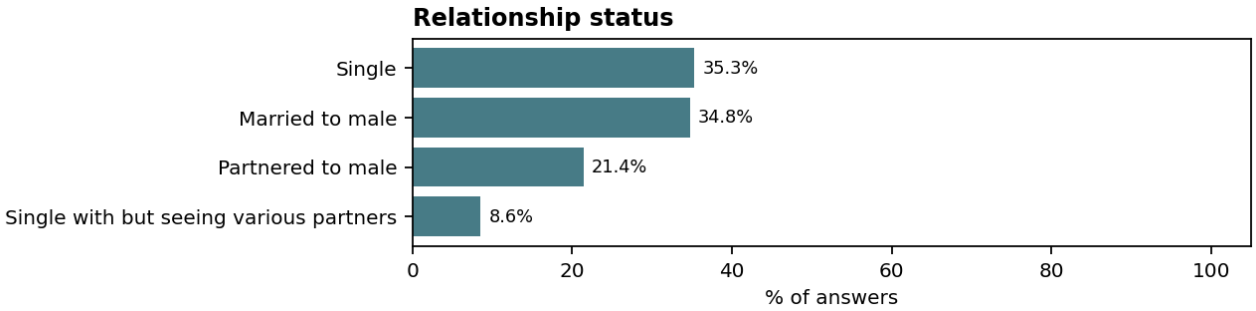
1. Who answered?

Age groups



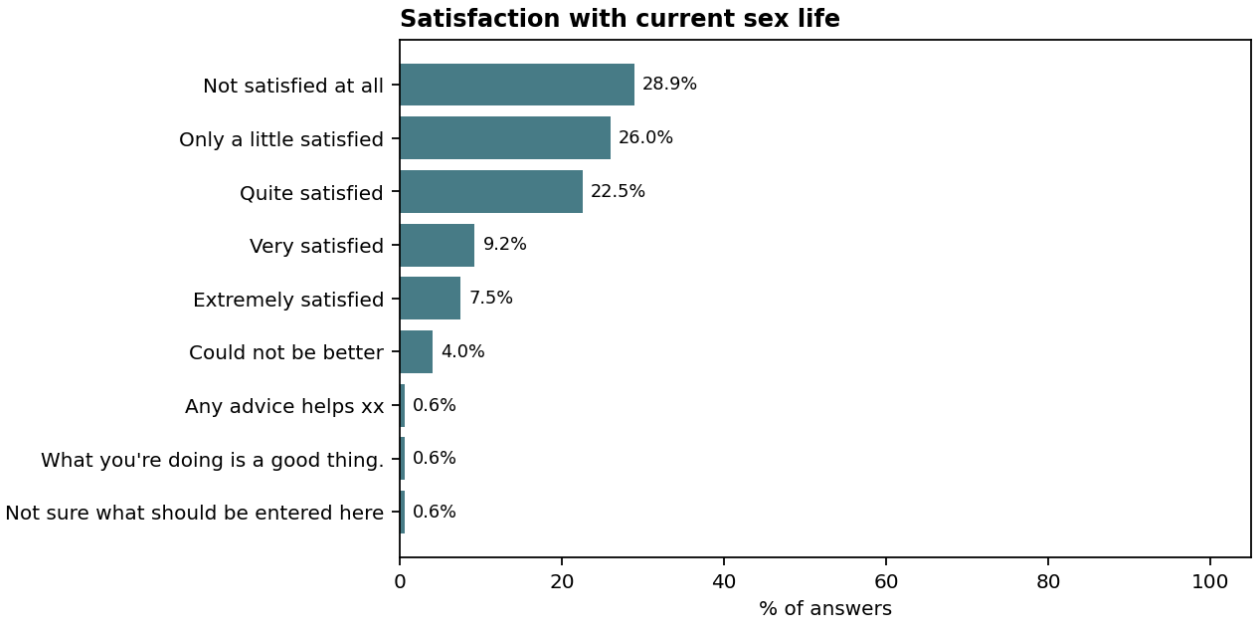
Base: 186 respondents.

Relationship status



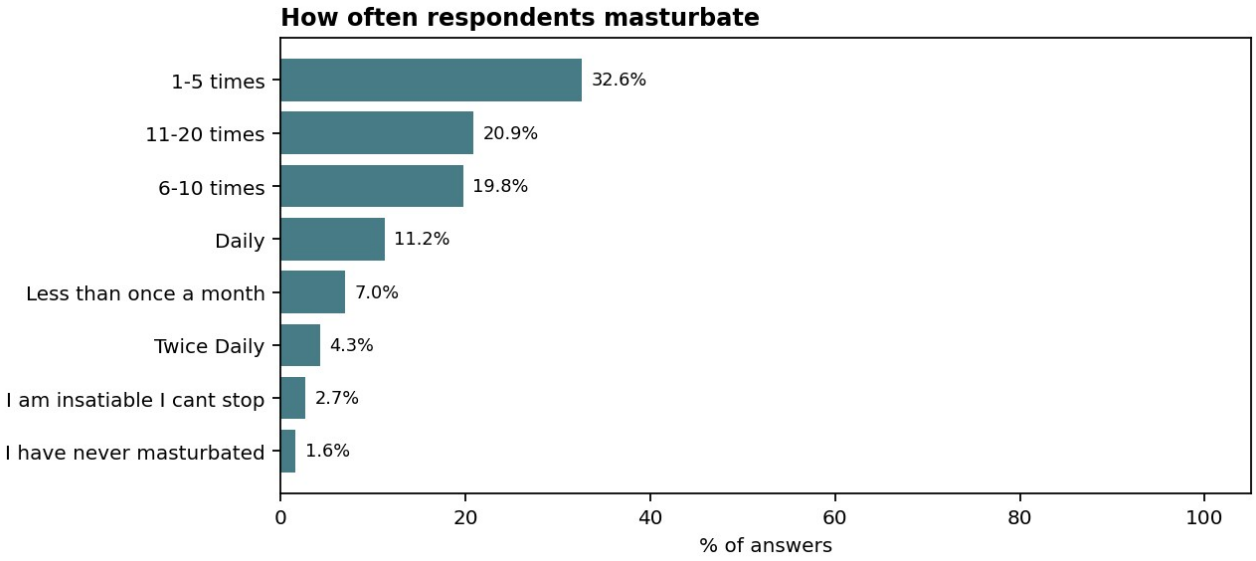
Base: 187 respondents.

Satisfaction with current sex life



Base: 173 respondents.

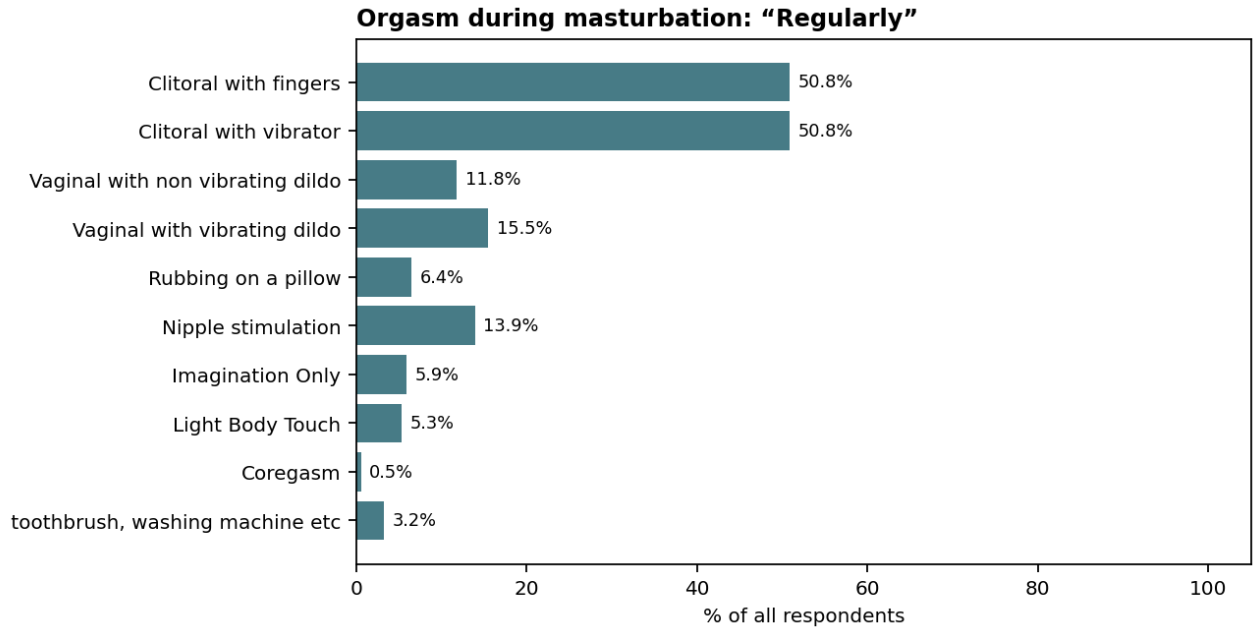
How often respondents masturbate



Base: 187 respondents.

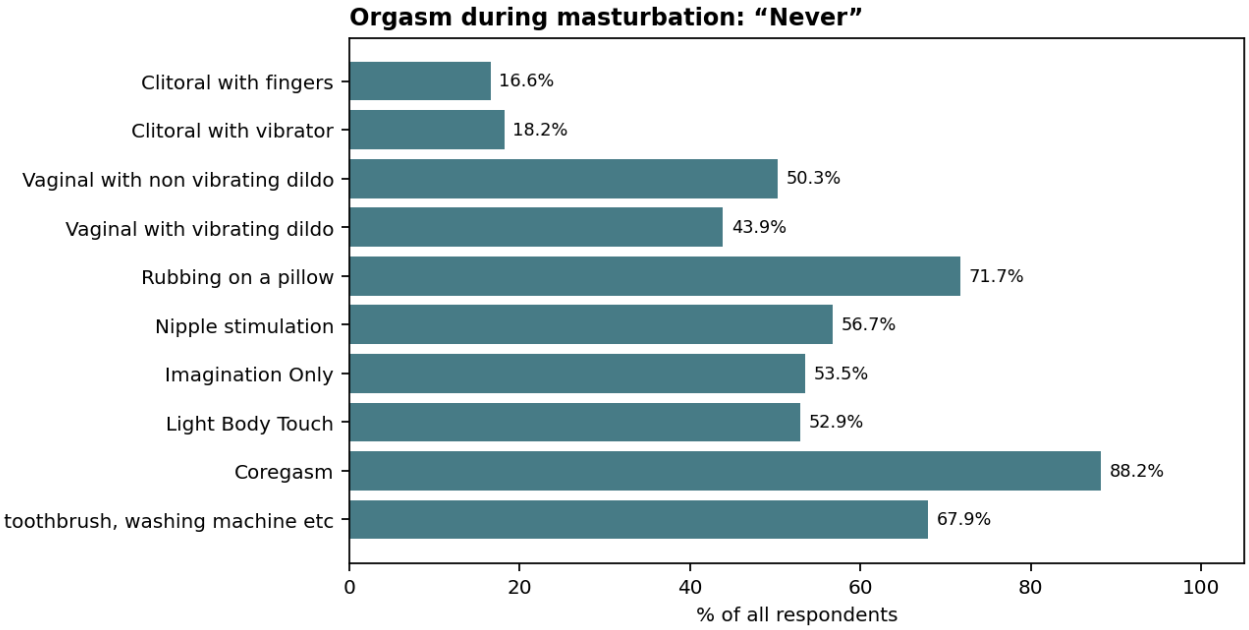
2. How women experience orgasm during masturbation

Orgasm during masturbation: "Regularly"



Reported orgasming regularly through each method. Each item was answered by 187 respondents; responses are not mutually exclusive.

Orgasm during masturbation: "Never"

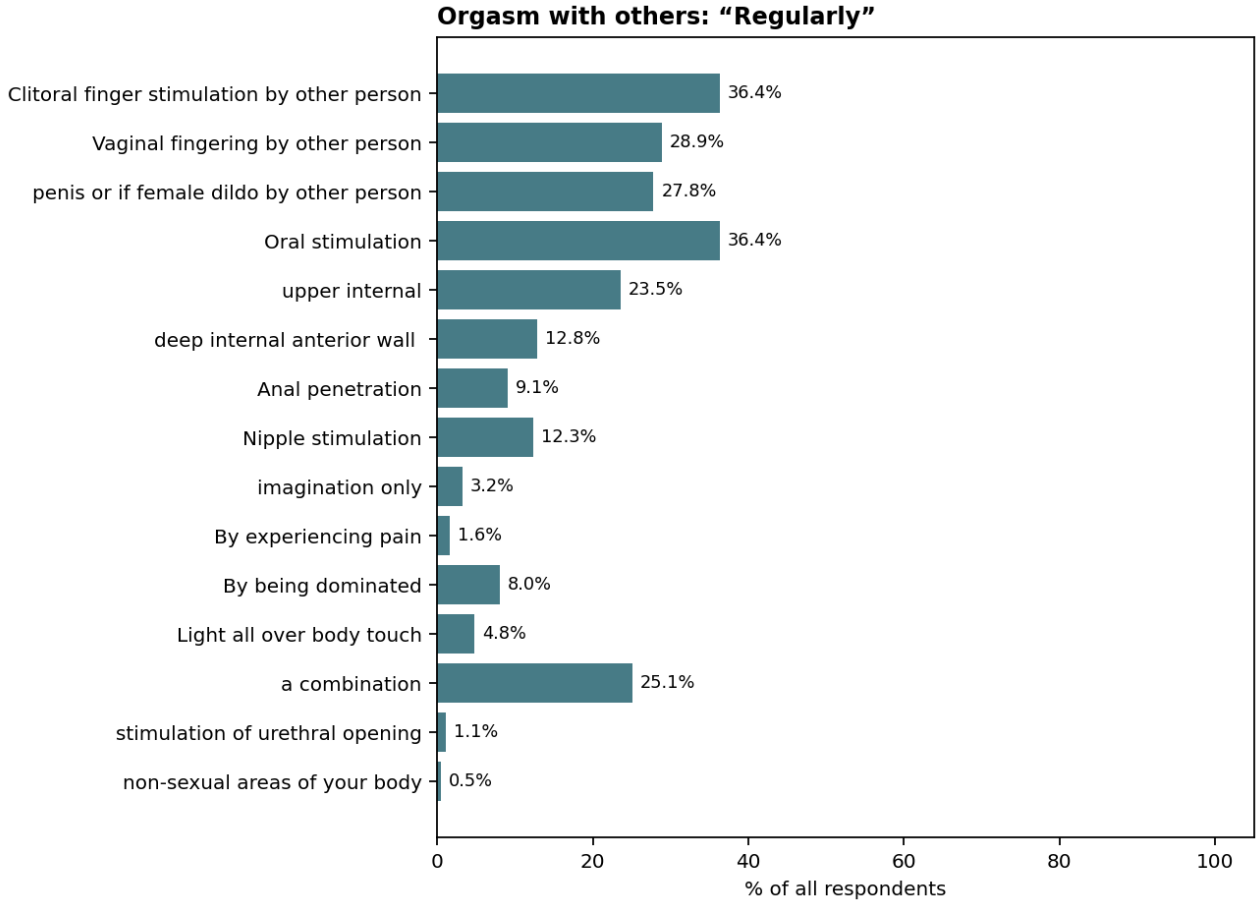


Selected "Never" for each method. Each item was answered by 187 respondents; responses are not mutually exclusive.

Clitoral stimulation with fingers and with a vibrator were the most frequently selected regular routes to orgasm during masturbation (each 95 of 187, or 50.8%). These are separate ratings: the same woman may have selected both.

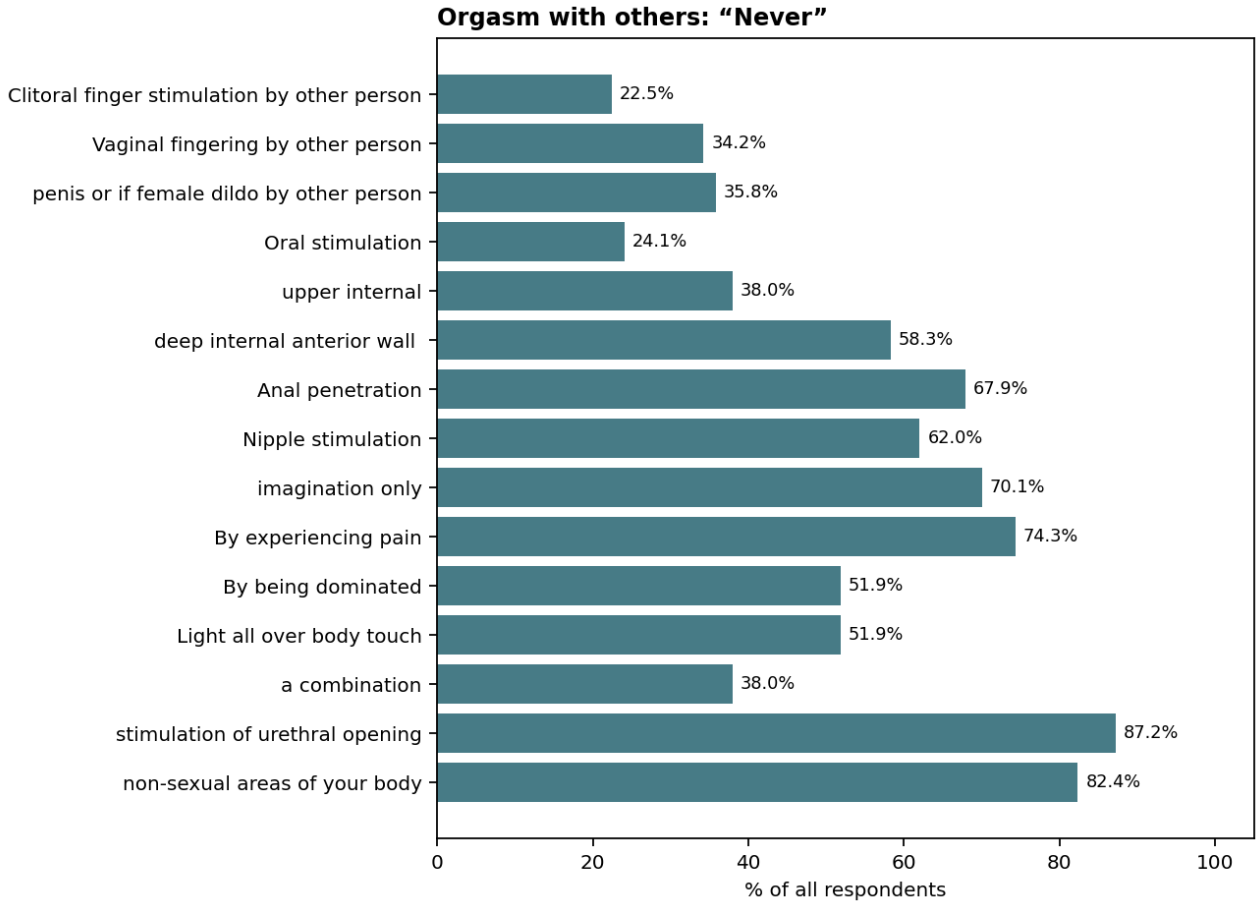
3. How women experience orgasm with a partner

Orgasm with others: "Regularly"



Reported orgasming regularly through each method. Each item was answered by 187 respondents; responses are not mutually exclusive.

Orgasm with others: "Never"

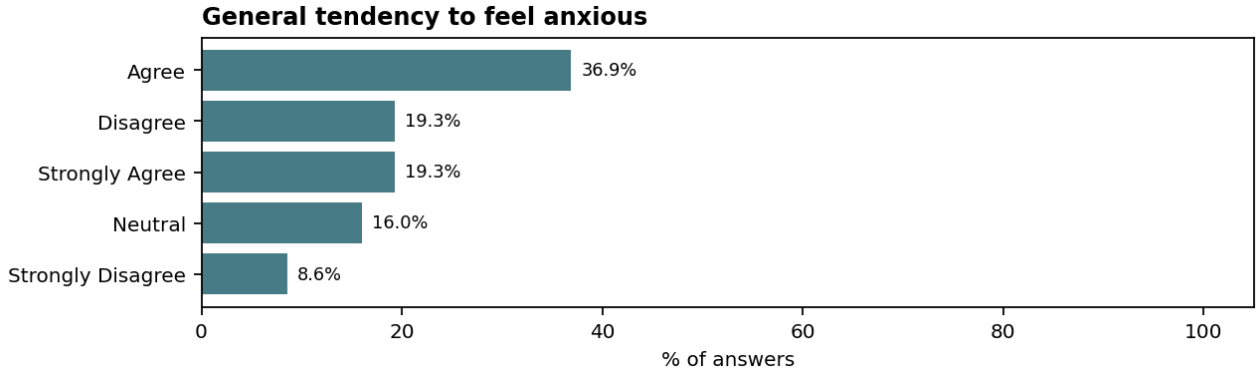


Selected "Never" for each method. Each item was answered by 187 respondents; responses are not mutually exclusive.

Clitoral finger stimulation and oral stimulation were each rated "Regularly" by 68 of 187 women (36.4%). Vaginal penetration was rated "Regularly" by 52 (27.8%) and "Never" by 67 (35.8%). This is not evidence that any method should work for every woman.

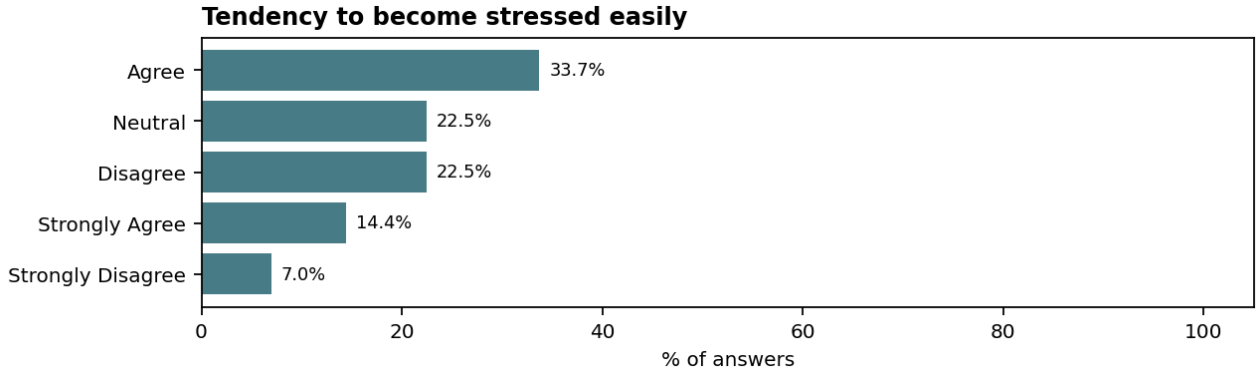
4. General anxiety and anxiety during sex

General tendency to feel anxious



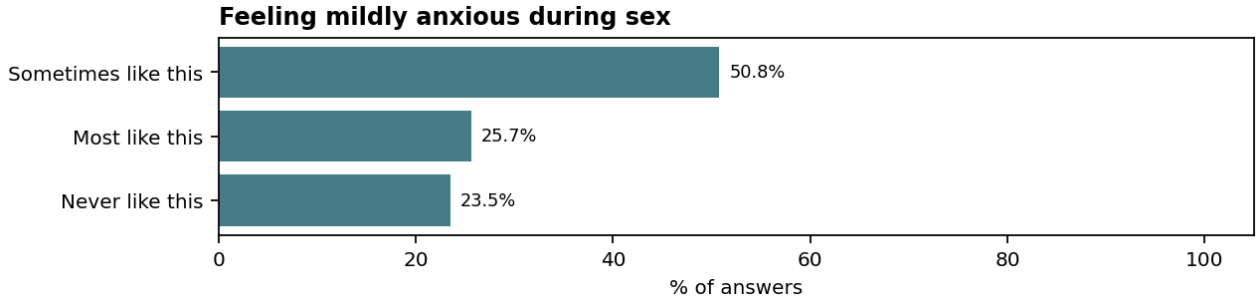
Base: 187 respondents.

Tendency to become stressed easily



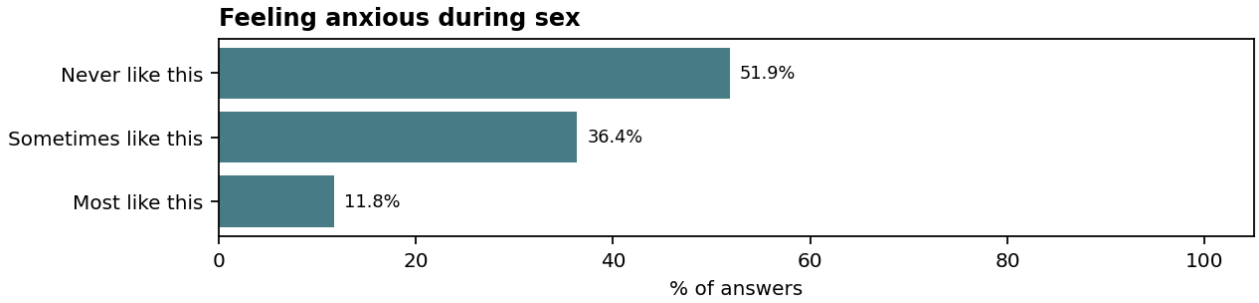
Base: 187 respondents.

Feeling mildly anxious during sex



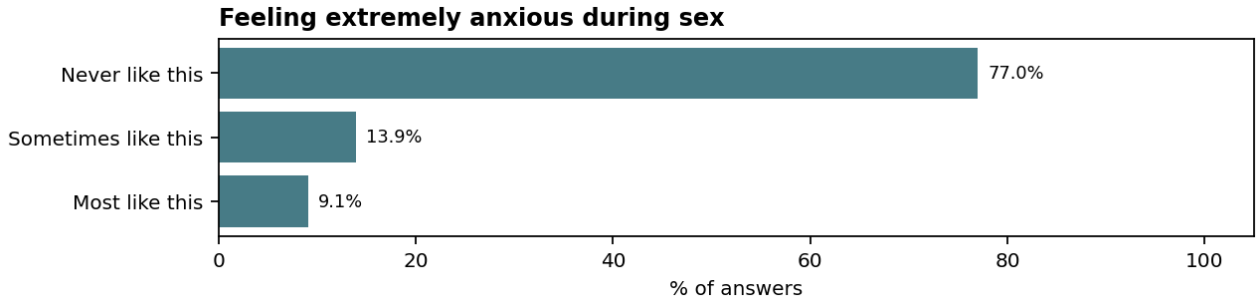
Base: 187 respondents.

Feeling anxious during sex



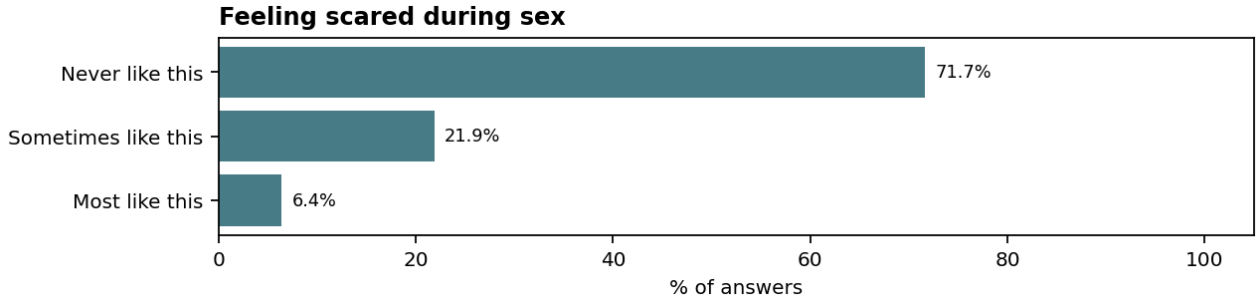
Base: 187 respondents.

Feeling extremely anxious during sex



Base: 187 respondents.

Feeling scared during sex



Base: 187 respondents.

5. Is anxiety associated with difficulty orgasming?

Important limitation: the questionnaire did not directly ask whether respondents had lifelong anorgasmia, acquired anorgasmia, or situational anorgasmia, and did not establish whether respondents had attempted each method. The following are exploratory comparisons using clearly labelled proxies, not clinical diagnoses.

Never orgasms from vaginal penetration (one method)

67 of 187 respondents (35.8%).

General anxious nature (Agree / Strongly Agree): 44/105 (41.9%) versus 23/82 (28.0%) in the comparison group; Fisher exact p=0.065.

Anxious during sex (Sometimes / Most): 41/90 (45.6%) versus 26/97 (26.8%) in the comparison group; Fisher exact p=0.009.

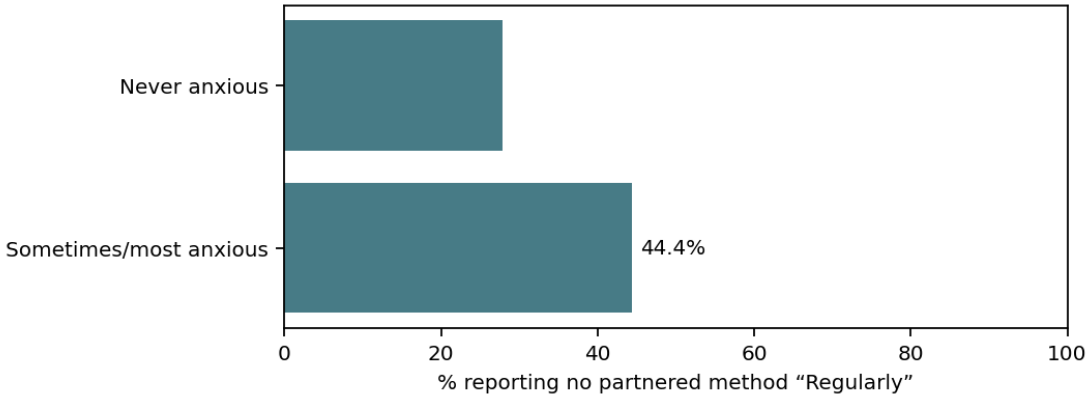
Extremely anxious during sex (Sometimes / Most): 23/43 (53.5%) versus 44/144 (30.6%) in the comparison group; Fisher exact p=0.011.

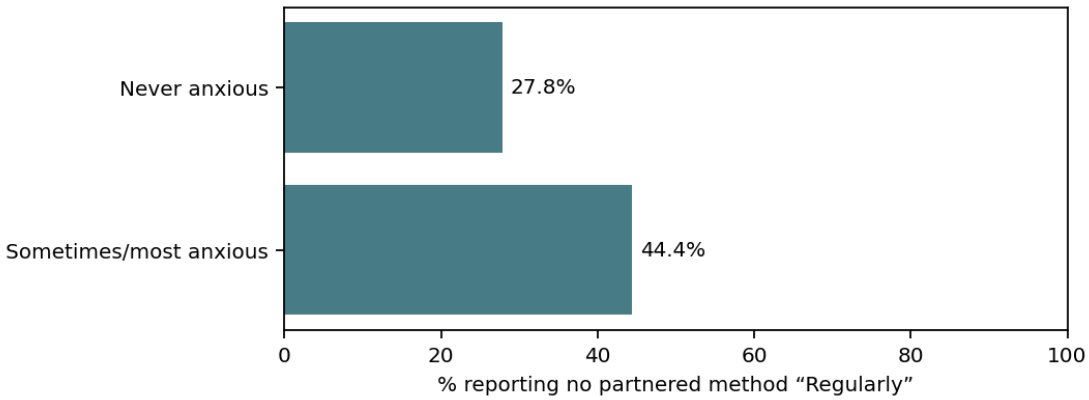
No partnered method rated "Regularly"

67 of 187 respondents (35.8%).

General anxious nature (Agree / Strongly Agree): 44/105 (41.9%) versus 23/82 (28.0%) in the comparison group; Fisher exact p=0.065.

Anxious during sex (Sometimes / Most): 40/90 (44.4%) versus 27/97 (27.8%) in the comparison group; Fisher exact p=0.022.





Extremely anxious during sex (Sometimes / Most): 25/43 (58.1%) versus 42/144 (29.2%) in the comparison group; Fisher exact p=0.001.

No masturbation method rated "Regularly"

30 of 187 respondents (16.0%).

General anxious nature (Agree / Strongly Agree): 22/105 (21.0%) versus 8/82 (9.8%) in the comparison group; Fisher exact p=0.045.

Anxious during sex (Sometimes / Most): 17/90 (18.9%) versus 13/97 (13.4%) in the comparison group; Fisher exact p=0.326.

Extremely anxious during sex (Sometimes / Most): 11/43 (25.6%) versus 19/144 (13.2%) in the comparison group; Fisher exact p=0.061.

No partnered method ever reported orgasm ("Never" on all 15)

26 of 187 respondents (13.9%).

General anxious nature (Agree / Strongly Agree): 18/105 (17.1%) versus 8/82 (9.8%) in the comparison group; Fisher exact p=0.201.

Anxious during sex (Sometimes / Most): 18/90 (20.0%) versus 8/97 (8.2%) in the comparison group; Fisher exact p=0.033.

Extremely anxious during sex (Sometimes / Most): 13/43 (30.2%) versus 13/144 (9.0%) in the comparison group; Fisher exact p=0.002.

Regular masturbation orgasm but no partnered method rated "Regularly"

50 of 187 respondents (26.7%).

General anxious nature (Agree / Strongly Agree): 31/105 (29.5%) versus 19/82 (23.2%) in the comparison group; Fisher exact p=0.406.

Anxious during sex (Sometimes / Most): 27/90 (30.0%) versus 23/97 (23.7%) in the comparison group; Fisher exact p=0.409.

Extremely anxious during sex (Sometimes / Most): 16/43 (37.2%) versus 34/144 (23.6%) in the comparison group; Fisher exact p=0.082.

These comparisons are unadjusted, exploratory, and based on multiple tests. A low p-value does not prove anxiety causes orgasm difficulties; reverse direction, relationship circumstances, health, medication, and other factors could matter. Conversely, a non-significant result does not prove no relationship exists.

6. What these findings mean for women

- Orgasm patterns vary widely. A woman who does not orgasm from penetration alone is not unusual in this sample.
- Masturbation can be an opportunity to discover which types of touch feel pleasurable, without treating orgasm as a test or target.
- Anxiety during intimacy may deserve attention, especially if it interferes with comfort or pleasure; this survey cannot determine whether anxiety is the cause.
- If orgasm difficulties are persistent, new, distressing, or associated with pain, discussing them with a GP or qualified psychosexual therapist may help.

- No one should feel obliged to pursue a particular technique, sexual activity or frequency because of a survey average.

7. Method and limitations

Anonymised aggregate analysis of 187 submitted rows. All 187 answered the individual orgasm and anxiety items. Self-selected online survey; answers are self-reported. No clinical assessment, no representative sampling, no causal inference, no adjustment for age, medication or other possible confounders. Multiple-response questions and "Never" answers require care. This report deliberately excludes names, addresses, and verbatim sensitive free-text responses.

Prepared as an educational survey summary, not medical advice or a diagnostic tool.