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**2025 SWISS
LGBTIQ+
PANEL**

SUMMARY REPORT



**LGBTI^Q Youth
Fund**

**Final written report by Dr. Léila Eisner and Dr. Tabea Hässler
with the support of Em Melvyn and Aaron Steinhübl.**

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FOREWORD

Over the past decade, legal and social developments affecting LGBTIQ+ communities have varied globally. Many regions have decriminalized consensual same-sex acts, expanded protections for same-sex couples, implemented legal gender recognition based on self-identification, and prohibited non-consensual surgeries on intersex children. However, the year 2025 began with notable challenges for LGBTIQ+ communities. Some regions in Africa, parts of Asia, the United States, and Eastern Europe have shown retreating protections, while a well-funded global anti-gender movement has gained momentum and achieved legal victories. A major target of these restrictions are trans and nonbinary people. In Switzerland, although the majority still supports LGBTIQ+ people, polarization is increasing, evident in initiatives to limit gender-inclusive language and restrict gender-affirming care for trans youth. Against this backdrop, the Swiss LGBTIQ+ Panel conducted its sixth wave of surveys to capture the experiences of LGBTIQ+ people living in Switzerland.

In this report, we **present the main findings** of the survey, including experiences with coming out, perceived safety, and experienced discrimination (Sections 1 and 2), as well as participation in LGBTIQ+ spaces (Section 3). We further report on experiences in workplaces, schools, apprenticeships, and higher education, as well as the situations of people who are unemployed, provide care for others, retired, or have long-term illness or disabilities (Section 4). Health and health behaviors are presented in Section 5, and Section 6 looks at how people perceive the situation for LGBTIQ+ people in Switzerland and their hopes for the future. Thanks to the support of the LGBTI Youth Fund, we added a section with a **special focus on LGBTIQ+ youth (<26 years old)**.

Where relevant (e.g., experiences of discrimination), we provide separate statistics for sexual minority members (e.g., gay, lesbian, bisexual, pansexual people), gender minority members (e.g., trans people), and intersex people. Cisgender endosex heterosexual (hereafter endosex cis-heterosexual) allies were also invited to participate. The survey was available in English, German, French, and Italian. Thanks to the help of many LGBTIQ+ organizations, magazines, and people who shared our study widely through different media, 6,117 people replied to our questionnaire from January 2025 to August 2025.

The dataset allows for further analyses by age, region/major city, or subgroup, as well as longitudinal analyses. We have further data on sexual health, substance use, as well as access to and experiences in the health care context. While these analyses are beyond the scope of this report, additional results can be shared in workshops, invited talks, or via mandated reports.

GLOSSARY¹

Asexual	An asexual person is a person who experiences limited to no sexual attraction.
Bisexual	A term used to describe a person who is emotionally, romantically, and/or sexually attracted to more than one gender. Distinct from pansexual, which includes emotional, romantic, and/or sexual attraction to people regardless of gender.
Cis-heterosexual (Cisgender endosex heterosexual)	A person whose gender identity matches their sex assigned at birth (i.e., who are not members of gender minorities), who are exclusively attracted to another gender, and who are endosex.
Cis man	A man who was assigned male at birth and identifies and lives as a man.
Cis woman	Someone who was assigned female at birth and identifies and lives as a woman.
Coming out (public)	When a person first tells someone about their sexual orientation, gender identity, or intersex status.
Endosex	A term used to describe persons whose sex characteristics fit normative medical and social ideas for female or male bodies.
Gay man	A man who is emotionally, romantically, and/or sexually attracted to other men.
Gender identity	A person's internal sense of their own gender.
Gender identity – Other	An umbrella category used to describe people who choose 'other' as the category for their gender identity. In this category, participants reported, for instance, identifying as agender, genderfluid, gender questioning, genderqueer, or as not identifying with any gender.
Gender minority members	People with a minority gender identity such as trans or nonbinary people.
Heterosexual	A term used to describe a person who has an exclusively emotional, romantic and/or sexual orientation towards someone of a different gender.

¹ Please note that the definitions belong to the community and might change over time.

Homosexual	A person who is emotionally, romantically, and/or sexually attracted to members of the same gender.
Intersex	A person with sex characteristics (hormones, chromosomes, and external/internal reproductive organs) that differ from those typically expected of male and female bodies.
Joint adoption	A term used to describe adoption by two partners.
Lesbian woman	A woman who is emotionally, romantically, and/or sexually attracted to other women.
LGBTIQ+	An abbreviation used to refer to all people who identify as lesbian, gay, bisexual, trans, intersex, queer, or as having any other minority sexual orientation or gender identity.
Minority sexual orientation	Used in this report to refer to anyone not identifying as heterosexual. This includes people identifying as gay, lesbian, bisexual, pansexual, queer, etc.
Nonbinary	An umbrella term used to describe gender identities where the individual does not identify exclusively as a man or a woman. There are many categories included within this, such as agender, genderqueer, and genderfluid. Some nonbinary people may identify as trans, others may not.
Pansexual	A term used to describe a person who is emotionally, romantically, and/or sexually attracted to people regardless of gender.
Queer	A term used mainly by people to describe their minority sexual orientation and/or gender identity.
Questioning	The process of exploring your own sexual orientation and/or gender identity.
Romantic orientation	Describes who a person is attracted to in a romantic way. It can be distinct from a person's sexual attraction. For example, a person could be romantically attracted to a man but have no sexual attraction to him.
Same-sex marriage	A term used to describe the legal union between two people of the same gender.
Sexual minority members	People with a minority sexual orientation such as homosexual (gay, lesbian), bisexual, or pansexual people.

Sexual orientation	Describes who a person is emotionally, romantically, or sexually attracted to. It is common for sources to describe sexual orientation as including components of sexual, emotional, and romantic attractions. Yet, these components can also be differentiated.
Sexual orientation – Other	An umbrella category used to describe people who choose 'other' as the category for their sexual orientation. In this category, participants mentioned, for instance, identifying as demisexual, fluid, polysexual, heteroflexible, homoflexible, queer, questioning, as well as not liking categories.
Trans	People who have a gender identity that is different to the gender assigned at birth. Nonbinary people may or may not consider themselves to be trans.
Trans Man	A man who was assigned female at birth but identifies as a man.
Trans Woman	A woman who was assigned male at birth but identifies as a woman.

TABLE OF CONTENTS

FOREWORD	II
GLOSSARY	III
IMPORTANT METHODOLOGICAL NOTES	1
KEY FINDINGS	2
THE RESULTS	4
<u>WHO RESPONDED?</u>	5
<u>SECTION 1: COMING OUT</u>	9
<u>SECTION 2: SAFETY AND EXPERIENCED DISCRIMINATION</u>	12
<u>SECTION 3: LGBTIQ+ AND ONLINE SPACES</u>	16
<u>SECTION 4: CURRENT LIFE SITUATION</u>	19
<u>SECTION 5: HEALTH & WELL-BEING</u>	28
<u>SECTION 6: SITUATION IN SWITZERLAND AND FUTURE</u>	36
<u>SECTION 7: EXPERIENCES OF LGBTIQ+ YOUTH</u>	40
<u>SECTION 8: CONCLUSION</u>	48

IMPORTANT METHODOLOGICAL NOTES

Before interpreting the results of this report, please read these important methodological notes.

We included all data collected from January 2025 until August 2025 for this year's annual report of the Swiss LGBTIQ+ Panel (i.e., 6,177 participants). An online survey was considered the best way to reach many LGBTIQ+ and endosex cis-heterosexual respondents and allow them to provide anonymous and confidential responses. Former participants were re-contacted by email, and new participants were informed by LGBTIQ+ and other organizations through posts, articles, newsletters, and chats. We further distributed flyers at various occasions and put up posters at several locations. While the sample was therefore not randomly selected, the Swiss LGBTIQ+ Panel represents **a wide range of sexual and romantic orientations, gender identities, sex characteristics, age groups, educational levels, and people from all cantons and language regions of Switzerland**.

KEY FINDINGS

Data collected among more than 5,422 LGBTIQ+ and 695 endosex cis-heterosexual people indicate that people in Switzerland still experience unique challenges because they are LGBTIQ+ persons. These challenges are especially pronounced for trans, nonbinary, and intersex people. Notably, intersex people are significantly affected, with data indicating a high incidence of non-consensual medical procedures – constituting a serious violation of their bodily integrity.

In 2025, LGBTIQ+ people are still carefully monitoring their process of coming out. This is particularly the case for LGBTIQ+ youth at school, in apprenticeships, and higher education context as more than half of the participants were not out about their sexual orientation, gender identity, or intersex status in these contexts.

LGBTIQ+ people still experience various forms of discrimination, which are particularly marked in public spaces and on social media. The discrimination rates were similar to or higher than those of past years. Gender minority members experienced significantly more discrimination than sexual minority members. All in all, 1 in 3 intersex people, 1 in 5 gender minority members and 1 in 10 cisgender sexual minority members experienced physical violence due to their LGBTIQ+ identity in the past year, and sexual harassment is common.

Participants reported four main sources of joy and belonging as LGBTIQ+ people: connection and belonging, visibility in queer spaces and media, inclusive environments, and broader social and legal progress.

More LGBTIQ+ people than endosex cis-heterosexual people report poor mental and physical health. A majority of gender minorities (51.7%) reported poor mental health. This proportion of people with poor mental health was also high among intersex people (38.2%). Similar disparities appear in physical health, with intersex people reporting especially high levels of poor physical health (30.3%), followed by gender minority members (24.3%), sexual minority members (14.7%), and endosex cis-heterosexual people (13.3%). Finally, an alarming number of LGBTIQ+ people reported self-harming behavior in the past year, particularly gender minority members, among whom one in three reported self-harm.

When thinking about the future of LGBTIQ+ people in Switzerland, a large majority expect negative changes for the rights of gender minorities, and many also foresee worsening conditions for other subgroups of the LGBTIQ+ community. Indeed, 64.7% of participants reported feeling worried about the future, especially due to the rise of the far right in various countries. Yet, simultaneously, 43.9% also expressed hope for a better future.

A focus of this year's survey was placed on LGBTIQ+ youth. LGBTIQ+ youth face serious challenges with housing, discrimination, and mental health: about 14% have run away from home, with gender minority youth twice as likely to experience housing instability and often linking it to their identity. Discrimination is common – especially bullying and violence – and many are only out to close friends, avoiding disclosure at school or work. Family reactions vary, with gender minority youth reporting more mixed responses but very often growing support in the family context over time. Mental health struggles are high, with nearly half of gender minority youth reporting self-harm. Youth find joy and belonging in queer spaces and among supportive peers and family members. While many feel hopeful about the future, a large share remain worried or anxious, especially about society's attitudes toward gender minorities and intersex people.

THE RESULTS

In this section, we present the main findings from the 2025 survey. This year, we provide several key statistics, such as those on coming out and experiences of discrimination separately for sexual minorities (e.g., cisgender lesbian, gay, bisexual, and pansexual people), gender minorities (i.e., trans, genderqueer, and/or nonbinary people), and intersex people. Please note that sexual orientation, gender identity, and sex characteristics are distinct constructs. To keep the questionnaire short, we assigned all intersex people to the intersex version of the questionnaire and all transgender people to the gender minority version of the questionnaire. Participants who were both sexual minorities and nonbinary, but indicated not being trans, could choose which version of the questionnaire to complete (i.e., the sexual minority or gender minority version). While the number of intersex participants is smaller than the other groups (which limits the generalizability of these findings), very little data on intersex people exists in Switzerland and beyond. Our results offer therefore a much-needed insight into the situation of intersex people in Switzerland.

WHO RESPONDED?

In total, 6,117 people participated in the 2025 survey: among those, 5,422 were LGBTIQ+ people and 695 were endosex cis-heterosexual people. Table 1 below displays a summary of participants' sexual orientation, gender identity, intersex status, age group, geographical area, education, and religion.

For example, 39.3% of respondents (2,407 people) were homosexual, 21.1% (1,292 people) bisexual, 14.5% (888 people) pansexual, 12.3% (752 people) heterosexual, 6.2% (380 people) asexual, and 6.5% (398 people) reported another sexual orientation (demisexual, questioning, queer, and other).

Table 1. Characteristics of the survey respondents

Sex. Orien.	TOTAL	HOMO-SEXUAL	BISEXUAL	PAN-SEXUAL	HETERO-SEXUAL	ASEXUAL	OTHER
%	100%	39.3%	21.1%	14.5%	12.3%	6.2%	6.5%
N	6,117	2,407	1,292	888	752	380	398
Gender	CIS WOMAN	CIS MAN	TRANS WOMAN	TRANS MAN	NON-BINARY	OTHER	
%	46.0%	28.9%	4.1%	3.8%	13.2%	3.9%	
N	2,812	1,769	253	233	809	241	
Intersex	INTERSEX	ENDOSEX (NOT INTERSEX)					
%	1.1%	98.9%					
N	70	6,047					
Age group	Under 20	20-29	30-39	40-49	50-59	Over 60	
%	10.5%	37.8%	25.3%	12.1%	8.1%	6.3%	
N	639	2,310	1,548	740	493	383	
Geo area	GERMAN	FRENCH	ITALIAN	ROMANSH	BILINGUAL		
%	69.7%	24.8%	2.6%	0.5%	2.4%		
N	4,127	1,470	154	32	142		
Education	NO UNI	UNI DEGREE	OTHER				
%	42.1%	49.5%	4.6%				
N	2,742	2,971	273				
Religion	ATHEIST	CATHOLIC	PROTESTANT	JEWISH	MUSLIM	BUDDHIST	OTHER
%	68.2%	10.3%	10.2%	0.8%	0.7%	1.4%	8.4%
N	4,078	615	607	49	44	83	505

Note. Percentages have been rounded and may not add up to 100%.

A person's sexual orientation, gender identity, and sex characteristics are distinct categories. Thus, a person can be trans, intersex, and bisexual. Table 2 shows the sample composition in greater detail, separating out respondents by sexual orientation, gender identity, trans status, and intersex status. The numbers in parentheses represent trans participants, while those in square brackets represent intersex people.

For example, the second line can be read as follows: 223 bisexual men participated. Among them, 52 are trans and 4 are intersex. 903 bisexual women participated. Among them, 50 are trans and 6 are intersex. 136 bisexual nonbinary people participated. Among them, 99 are trans and 2 are intersex. Finally, 30 bisexual participants who identify with another gender identity participated. Of these, 11 are trans and 1 is intersex.

Table 2. Sample composition

Sexual Orientation/ Gender Identity	Men	Women	Nonbinary	Other
Heterosexual	257 (18)[1]	470 (11)[2]	14 (6)[1]	11 (6)[1]
Bisexual	223 (52)[4]	903 (50)[6]	136 (99)[2]	30 (11)[1]
Pansexual	96 (38)[1]	439 (56)	274 (189)[5]	79 (49)[4]
Homosexual	1,308 (43)[13]	921 (85)[15]	128 (75)	50 (18)[4]
Asexual	39 (26)	168 (19)[1]	120 (99)[3]	53 (23)
Other	55 (32)	149 (17)[1]	137 (115)[1]	57 (31)[4]
Total	1,978 (209)[19]	3,050 (238)[25]	809 (583)[12]	280 (138) [12]

Note. In parentheses: trans participants. In square brackets: intersex participants.

LGBTIQ+ and endosex cis-heterosexual people can belong to many other minority groups. Thus, Table 3 shows the proportion of participants who are part of one or more additional minority group(s) (e.g., being a person of color). Participants could select multiple categories in our survey (e.g., that they are an ethnic minority and have a physical disability). Thus, percentages cannot be summed up.

Table 3. Identification with other minority groups

	<i>N</i>	%
<i>A person of color</i>	244	4.0
<i>An ethnic minority</i>	303	5.0
<i>A religious minority</i>	174	2.8
<i>A refugee</i>	35	0.6
<i>A migrant</i>	405	6.6
<i>A person with (a) physical disability/disabilities</i>	285	4.7
<i>A person with (a) mental illness(es)</i>	1,309	21.4
<i>A neurodivergent person</i>	1,974	32.3
<i>Other</i>	277	4.5

Finally, people from all Swiss cantons participated in our survey, with a slight overrepresentation of respondents from Zurich. Figure 1 below represents the distribution of our participants per canton. Lighter colors indicate cantons with fewer respondents, and darker colors cantons with more participants. In addition to the 5,925 people residing in Switzerland, 192 Swiss people living abroad also participated in the survey.

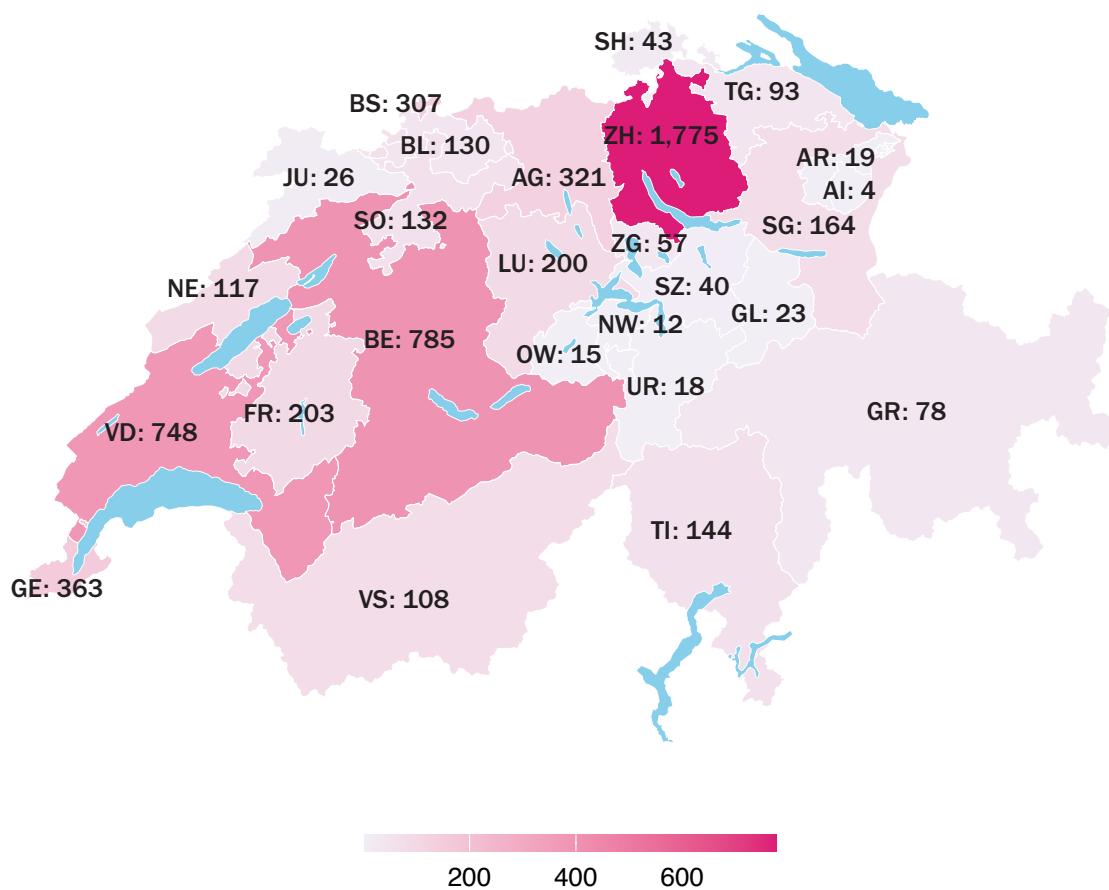


Figure 1. Overview of Participants per Canton

SECTION 1: COMING OUT

CONTEXT OF IDENTITY DISCLOSURE

Participants were asked in which contexts they were out and among how many people. Importantly, one's sexual orientation, trans/gender queer identity, and one's intersex status is not always relevant. Thus, people might not always feel the need to disclose their identity. However, this measure still provides a valid estimate of how openly people can talk about their identity and current relationships/activities. We grouped the answers into three categories, depending on the amount of people respondents were out to: (1) *None or a few people*, (2) *Approximately half of the people*, and (3) *Most or all people*.

The results are shown separately for sexual minority participants (e.g., lesbian, gay, bisexual, or pansexual person) (see Figure 2), gender minority participants (i.e., trans, and/or nonbinary, or genderqueer persons) (see Figure 3), and intersex participants (see Figure 4). Please note that people can simultaneously belong to sexual and gender minority groups and/or be intersex. To reduce the time required to complete the survey, participants who were both gender minorities and sexual minorities were asked questions about the disclosure of their gender identity. The only exception was nonbinary people who indicated not being trans. They could choose whether to answer questions about their gender identity or sexual orientation (if they were also sexual minorities). Finally, those who were both intersex and sexual minorities were asked questions about the disclosure of their intersex status. Respondents were only shown questions relevant to their current life situation (e.g., questions about school if they were currently attending school, or about work if they were employed). Therefore, the number of valid responses varies by context. The numbers in brackets represent the total participants who answered each question.

As in previous years, participants were most open about their sexual orientation among friends and family (see Figure 2). About half of those currently in school or apprenticeship reported being not out or only selectively out in these settings, while roughly one third of participants in higher education (i.e., tertiary level of education), or employment were not or selectively out in these contexts.

Context of Identity Disclosure: Sexual Minorities

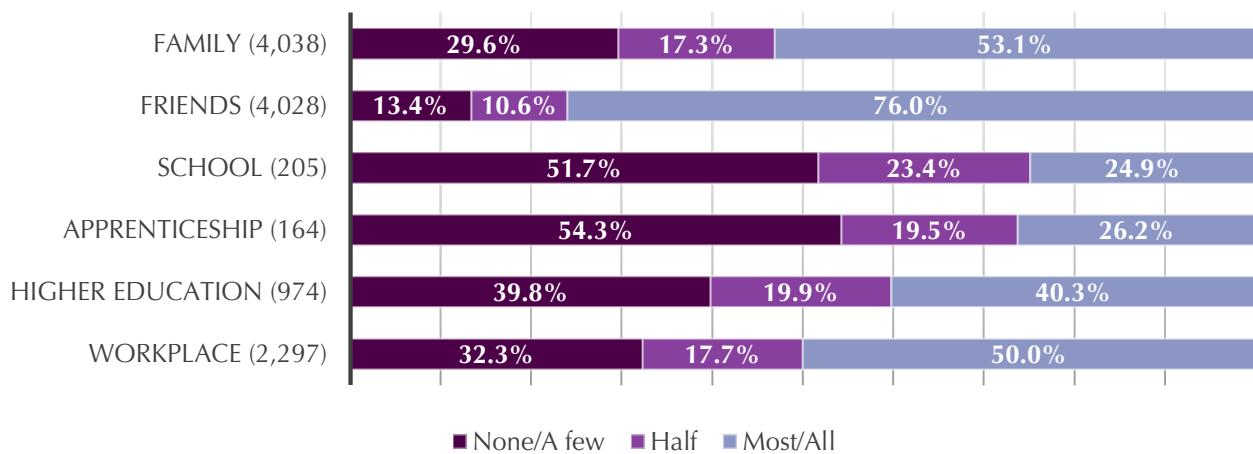


Figure 2. Context of Identity Disclosure Among Sexual Minority Participants

Members of gender minorities (see Figure 3 below) were, on average, less likely to disclose their gender identity/trans status to their families, friends, and in their workplace compared to how often sexual minority members disclosed their sexual orientation. However, among those currently attending school, completing an apprenticeship, or in higher education (e.g., applied university, university), the proportions of disclosure were more similar between gender minority and sexual minority members.

Context of Identity Disclosure: Gender Minorities

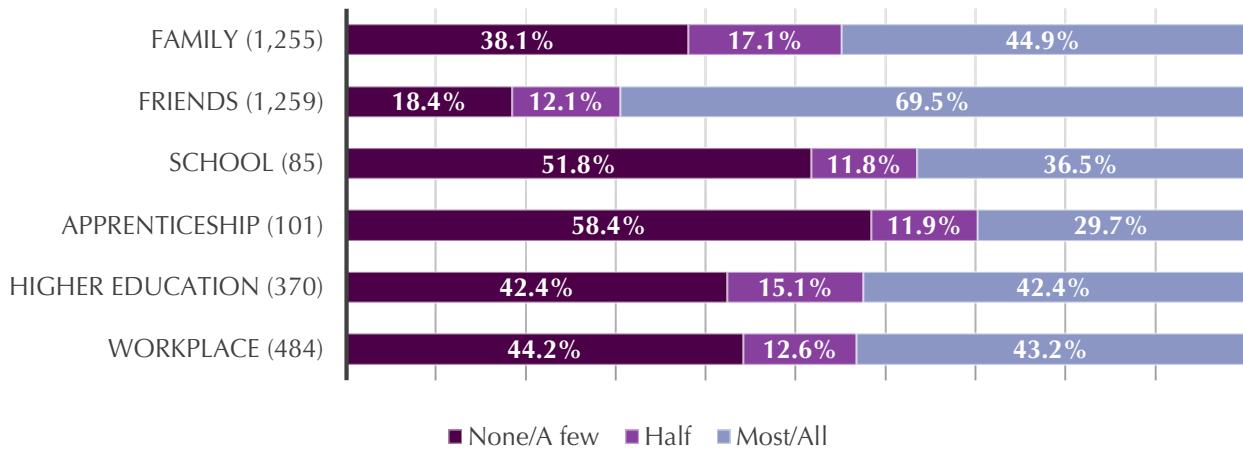


Figure 3. Context of Identity Disclosure Among Gender Minority Participants

Due to the smaller number of intersex participants, we combined school, apprenticeship, higher education, and workplace into a single category. Intersex people (see Figure 4) were generally less likely to be out than sexual and gender minorities. The majority of intersex people were either not out or only selectively out to their family, friends, and in their daily lives.

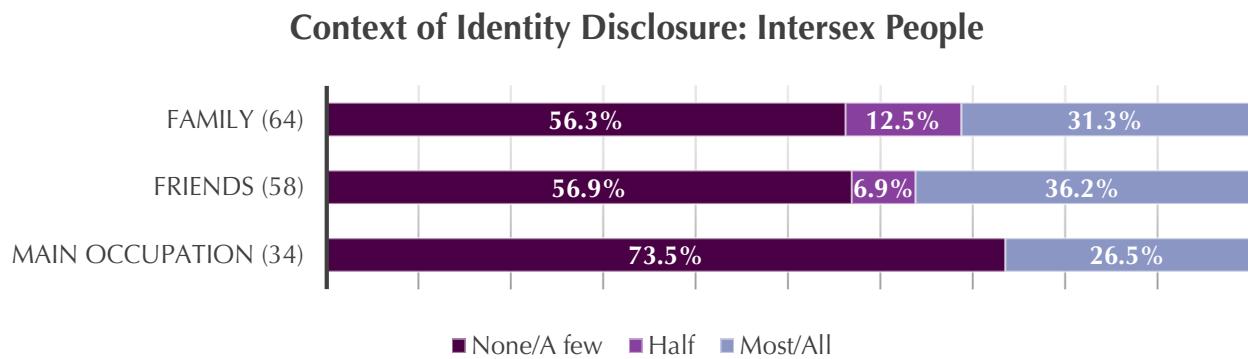


Figure 4. Context of Identity Disclosure Among Intersex Participants

SECTION 2: SAFETY AND EXPERIENCED DISCRIMINATION

SAFETY

In this section, we present findings related to safety and experienced discrimination in the past 12 months. First, participants were asked to indicate how safe they felt in different contexts. They could choose values between 1 (*Unsafe*) to 4 (*Neutral*) to 7 (*Safe*) or that a context was not applicable for them. We grouped the answers into three categories, depending on the reported level of safety: (1) *Unsafe* (responses 1 to 3), (2) *Neutral* (response 4), and (3) *Safe* (responses 5 to 7). The results are shown separately for sexual minority (see Figure 5), gender minority (see Figure 6), and intersex participants (see Figure 7).

A large majority of participants generally felt safe among friends, followed by higher education settings and work. Intersex people, however, felt less safe among friends than sexual and gender minority participants. Family safety perceptions also differed: fewer than one in six sexual minority participants felt unsafe, compared with about one-third of gender minority and intersex participants. Across all groups, the most commonly unsafe contexts were public spaces, school, and apprenticeship settings, with this pattern especially pronounced among gender minority (51.0% unsafe in public spaces; 44.2% in apprenticeship settings) and intersex participants (45.2% unsafe in public spaces; 41.7% in apprenticeship settings).

Feelings of Safety: Sexual Minorities

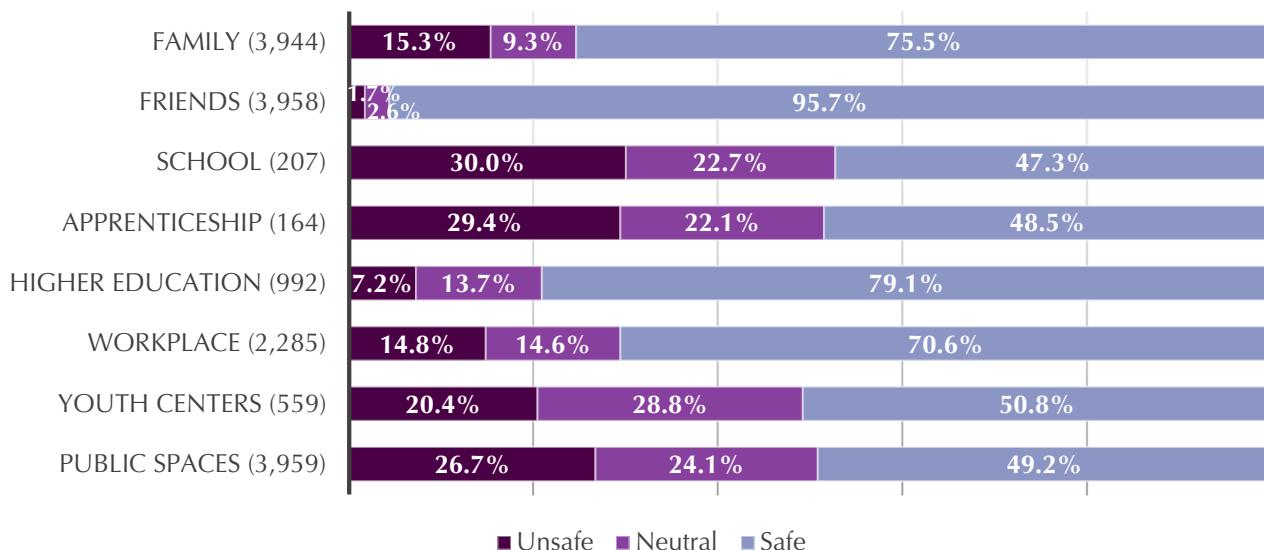


Figure 5. Feelings of Safety by Context: Sexual Minority Participants

Feelings of Safety: Gender Minorities

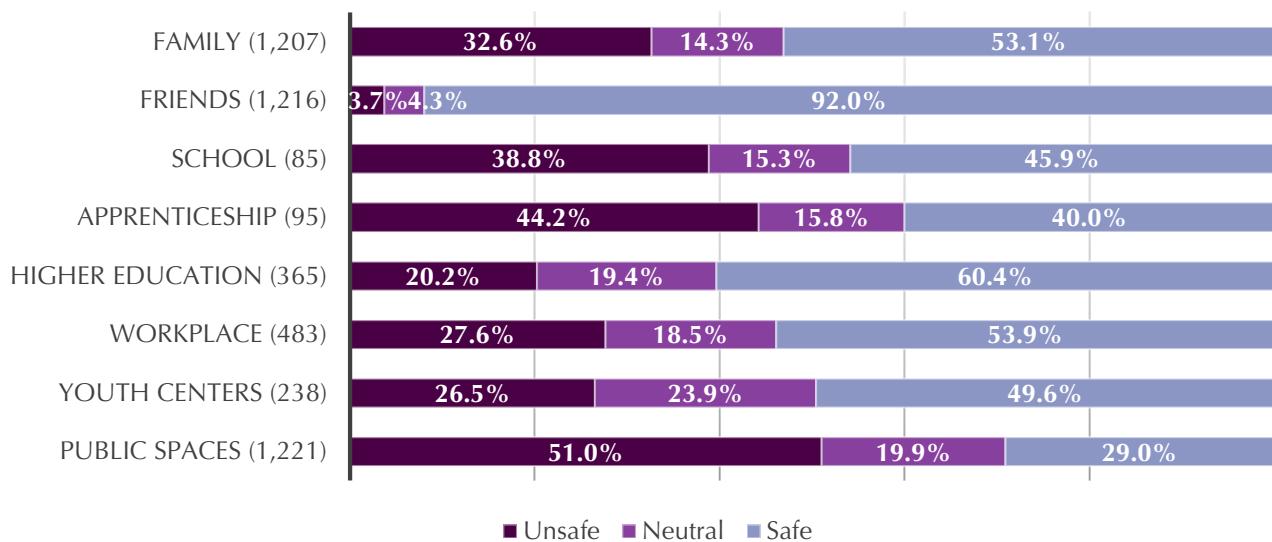


Figure 6. Feelings of Safety by Context: Gender Minority Participants

Feelings of Safety: Intersex People

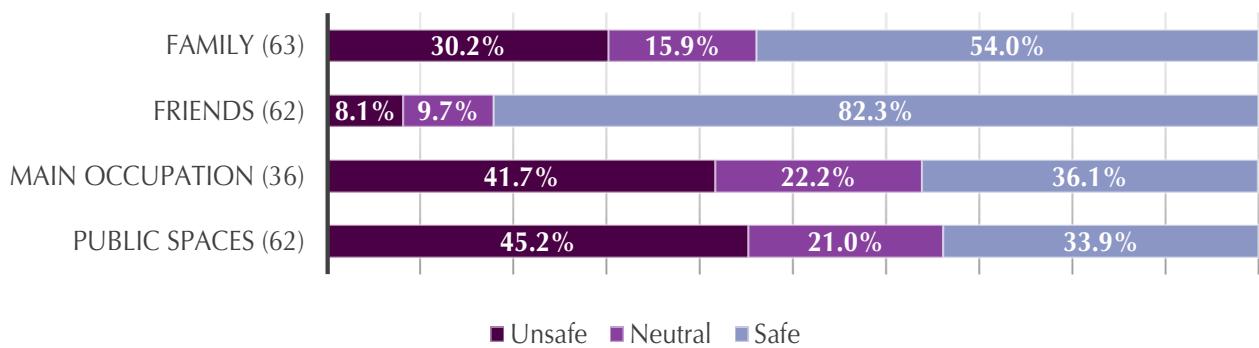


Figure 7. Feelings of Safety by Context: Intersex Participants

EXPERIENCES OF DISCRIMINATION

Discrimination can occur in a wide range of situations and take many different forms, from jokes and stupid sayings to structural inequalities, or even sexual harassment and physical violence. We therefore asked our participants to indicate how often they had experienced different types of discrimination in the past 12 months linked to their LGBTIQ+ identity (see Figure 8). Please note that this question differs slightly from the one asked in previous years, which specifically asked about experiences of discrimination based on sexual orientation for sexual minorities and on gender identity for gender minorities. We grouped the answers into two categories: (1) *Yes, I have experienced discrimination in the past 12 months*, and (2) *No, I have not experienced discrimination in the past 12 months*.

Findings are reported separately for sexual minority members, gender minority members, and intersex people. Across all groups, the most frequently reported experiences were being the target of jokes and not having their LGBTIQ+ identity taken seriously. Furthermore, a large majority of gender minority (84.2%) and intersex participants (65.7%) reported experiences of structural discrimination. Alarmingly, 31.1% of sexual minority, 37.4% of gender minority and 49.3% of intersex participants reported experiencing sexual harassment in the past year. Physical violence within the past year was also commonly reported by almost:

- 1 in 3 intersex people
- 1 in 5 gender minority participants
- 1 in 10 sexual minority participants

These results show that discrimination and violence against LGBTIQ+ people are still very prevalent in the Swiss society, and that gender minorities and intersex people are particularly vulnerable to discrimination as well as sexual and physical violence.

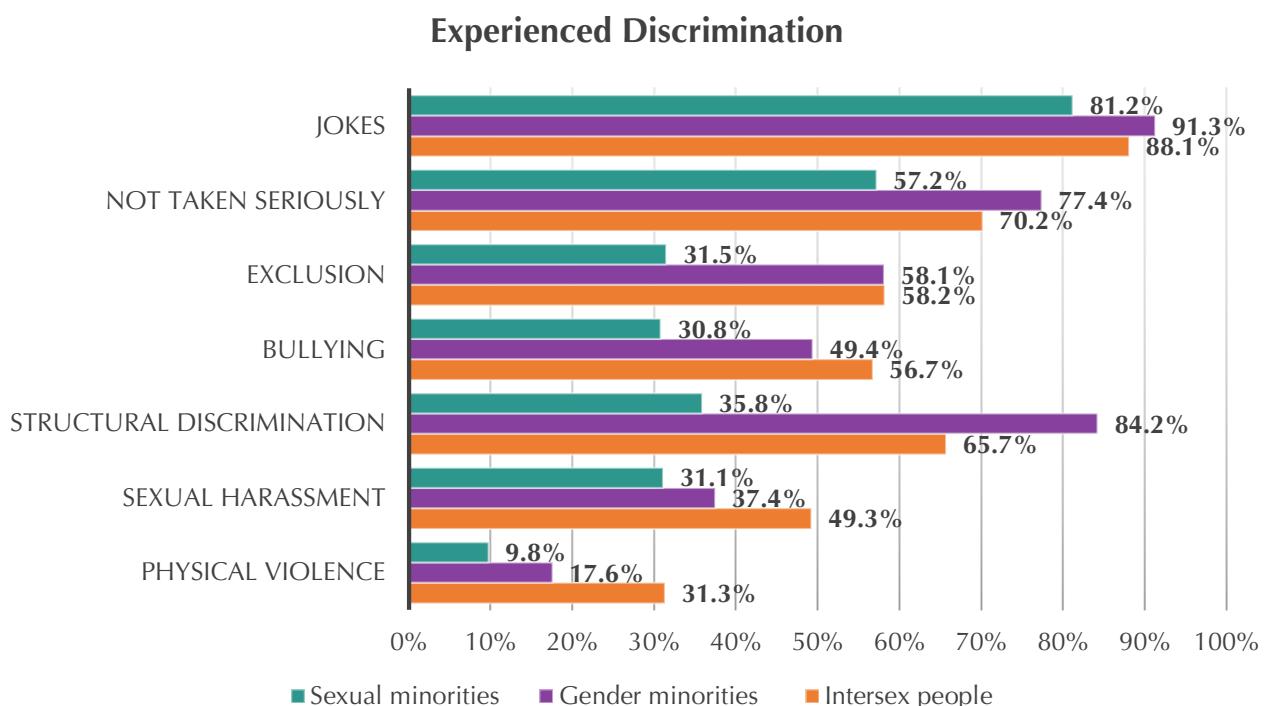


Figure 8. Experiences of Discrimination by Type

CONTEXTS OF DISCRIMINATION

Because discrimination can occur in a wide range of situations, we aimed to better understand the specific contexts in which LGBTIQ+ people feel discriminated against. Respondents were asked whether they had experienced discrimination in various settings over the past 12 months (yes/no answers) (see Figure 9). Gender minority participants reported experiencing more discrimination than sexual minority and intersex participants across most assessed contexts. However, among friends and in the healthcare setting intersex people reported higher levels of discrimination. Discrimination was most commonly reported in public spaces, where more than half of gender minority participants and one third of sexual minority and intersex participants experienced it. Social media was another prevalent setting, with over one-third of all LGBTIQ+ respondents reporting discrimination. The family environment was also an important source of discrimination, with more than one in three gender minority participants and one in four intersex participants indicating they had experienced discrimination. Finally, more than one in four gender minority and intersex participants reported experiencing discrimination in medical settings. These findings highlight the widespread and varied nature of discrimination faced by LGBTIQ+ people, which was even more pronounced among gender minority and intersex participants.

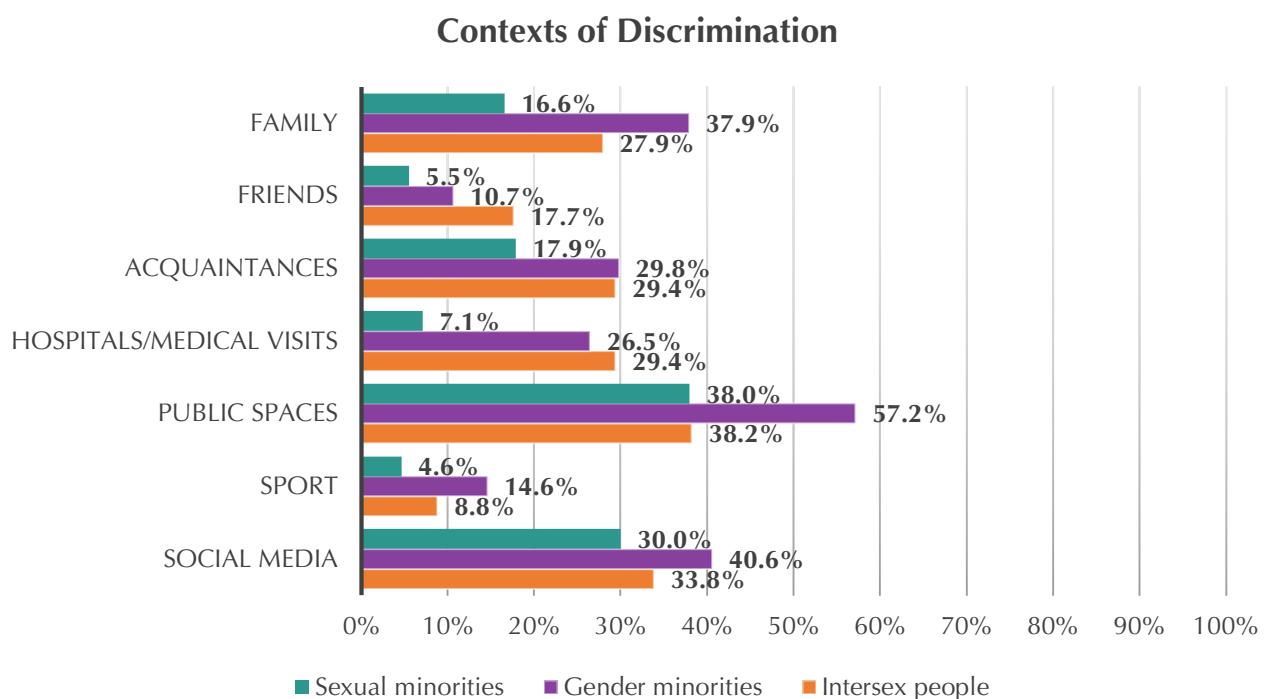


Figure 9. Contexts of Discrimination

SECTION 3: LGBTIQ+ AND ONLINE SPACES

LGBTIQ+ SPACES

In-person and online support by LGBTIQ+ people can be a key driver of LGBTIQ+ people's belongingness, well-being, and health, particularly if they lack visibility and acceptance from the wider society. In this section, we therefore present findings on participants' integration into the LGBTIQ+ community and their interaction with online spaces, as well as their access to online information and their experiences of hate speech on social media. First, we asked how frequently they visit LGBTIQ+ spaces. Among all respondents, 9.9% reported never visiting LGBTIQ+ spaces, 47.1% said less than once a year or yearly, 26.1% said monthly, and 16.9% said more frequently.

To better understand the barriers to participation in LGBTIQ+ spaces, we asked those who rarely or never go to these spaces about their reasons. The findings are summarized in Figure 10. In addition to other reasons and simply not feeling the need to visit, the main barriers reported were a lack of nearby LGBTIQ+ spaces (28.9%) and the fear of not being "LGBTIQ+ enough" to go (22.8%). Most LGBTIQ+ spaces are located in bigger cities. Not surprisingly, therefore, more than half of the participants living in Appenzell Innerrhoden, Glarus, Uri, and Graubünden cited the lack of nearby spaces as a key reason for not visiting LGBTIQ+ spaces. Slightly fewer, but still a significant portion of participants from Obwalden, Thurgau, St. Gallen, Ticino, Appenzell Ausserrhoden, Solothurn, and Valais also mentioned this reason.

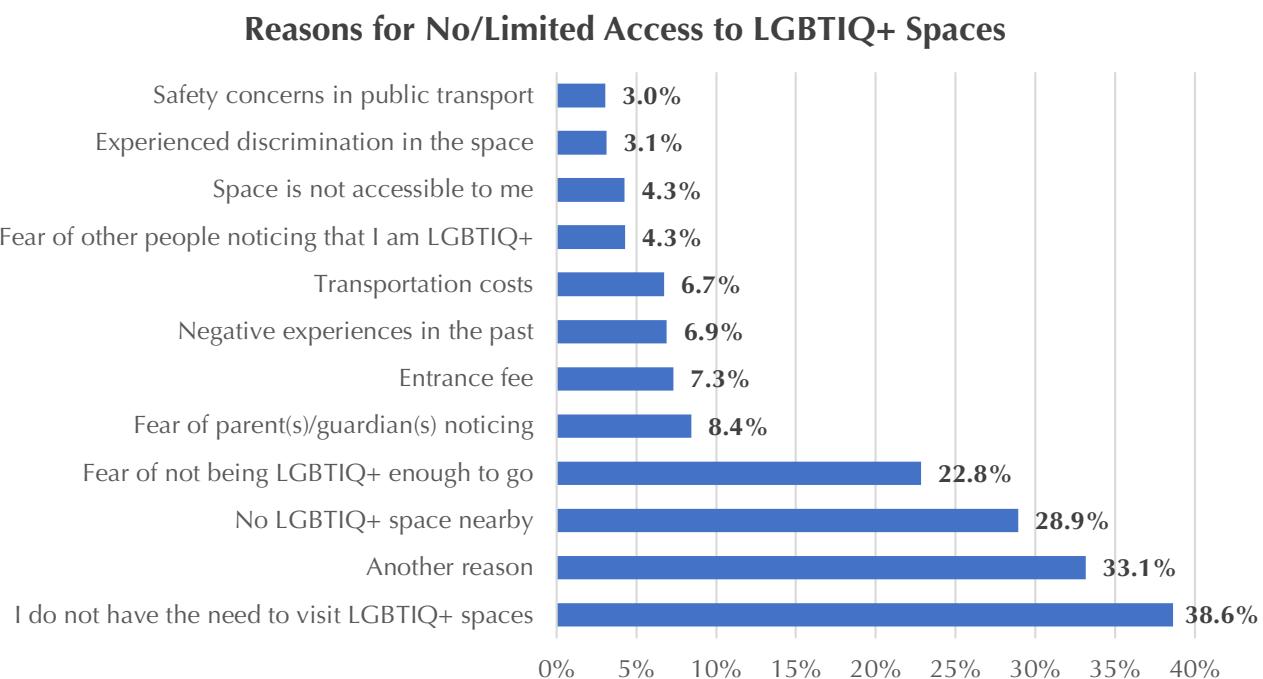


Figure 10. Reasons for No/Limited Access to LGBTIQ+ Spaces

When asked about other reasons for not visiting LGBTIQ+ spaces, most participants cited personal constraints, such as lack of time, motivation, and energy; health conditions; mental health issues, including social anxiety; and disability. A few participants also highlighted structural constraints: those spaces, being mostly clubs, are often not adapted to neurodivergent, noise-sensitive, and crowd-sensitive individuals or to families with children:

“The space is not ‘inaccessible’ in the sense that I could not visit it due to physical limitations; rather, it is inaccessible in the sense that my neurodivergence creates difficulties in such an environment.”

– trans gay man, 21 years old

Another recurrent answer was the difficulty of attending one of those spaces alone. Many participants explained that they did not have many or, in some cases, any LGBTIQ+ friends with whom to go, and therefore did not feel like going alone. Some also shared that they felt unwelcomed or uncomfortable in those spaces: they described negative experiences, such as discrimination or harassment, or a sentiment of being hypersexualized. Other expressed feelings of not belonging, of not being LGBTIQ+ enough, or difficulties integrating into pre-existing groups and making friends:

“I do not want to go alone. As a non-binary person, I do not feel included within the community.”

– nonbinary pansexual person, 42 years old

Finally, most respondents underlined the lack of availability and variety of LGBTIQ+ spaces. For example, some expressed not feeling represented in certain places because they are mostly frequented by gay men:

“Many queer spaces are dominated by gay men, and this is often not the kind of atmosphere I am looking for in my free time.”

– lesbian woman, 27 years old

Other shared a similar feeling regarding age. They felt most places were meant for younger people and they did not feel welcome:

“For older people like me, there are simply not that many events, or perhaps I am just not aware of them.”

– trans lesbian woman, 63 years old

ONLINE LGBTIQ+ SPACES

Next, we also asked participants the extent to which they access online spaces for information about LGBTIQ+ topics. A large majority of participants (89.4%) reported accessing this information online. Of the 570 participants (10.6%) who did not access such information online, 7.5% stated they did not know where to find it, while 12.1% relied on offline sources instead. Among the people who searched for information about LGBTIQ+ topics online, 63.2% searched for LGBTIQ+-specific content, and 56.3% followed LGBTIQ+ associations or role models (see Figure 11).

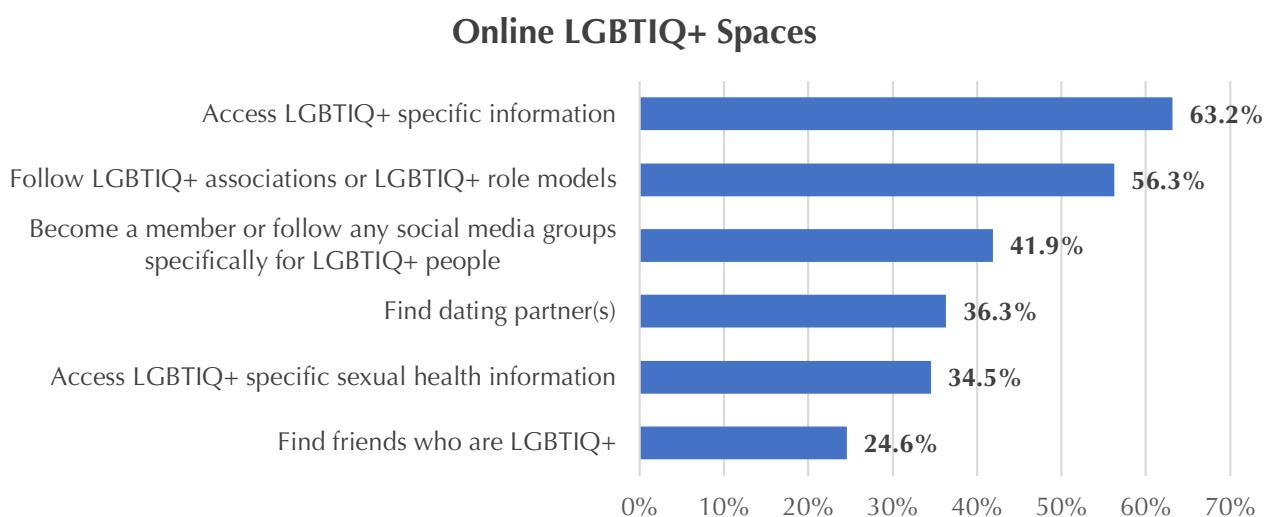


Figure 11. Access to Online LGBTIQ+ Spaces

Importantly, the internet can not only be a source of support but also a source of discrimination. We therefore also asked participants about their experiences of online bullying or hate speech related to their LGBTIQ+ identity in the past year. Overall, 59.3% of LGBTIQ+ respondents reported having experienced such negative interactions on social media. These findings highlight the dual role of online spaces for LGBTIQ+ people: they are a key source of support, but also a context in which exposure to online bullying and hate speech is particularly high.

SECTION 4: CURRENT LIFE SITUATION

A special focus of the 2025 survey was placed on people's current life situation. This included formal contexts such as school, apprenticeship, higher education, or the workplace, as well as other situations such as unemployment, long-term illness, care work, or retirement. In the following sections, we highlight how these different contexts intersect with participants' LGBTIQ+ identity and experiences. Please note that we have selected relevant quotes to highlight participants' experiences. Since these quotes reflect personal experiences, we have chosen not to include demographic information to maintain confidentiality.

EDUCATION CONTEXT AND WORKPLACE

In total, 306 participants responded about their school experience, 302 about their apprenticeship, 1,552 about their higher education context (e.g., applied university, university), and 2,954 employees about their workplace. Additionally, among the 457 unemployed participants currently seeking work, 101 were enrolled in job integration programs and answered specific questions related to that setting.

Open Role Models. We first examined participants' experiences within their educational or employment contexts. Respondents at school, in apprenticeship, or in higher education were asked whether they knew any LGBTIQ+ teachers or trainers. A majority reported knowing at least one openly LGBTIQ+ person: 67.0% of school students and 60.6% of apprenticeship participants said they knew an LGBTIQ+ teacher or trainer. This proportion was lower in higher education, where only about half (50.1%) reported knowing an out lecturer/professor. Please note that people might also have less intensive personal contact at the higher education level.

Experiences of Discrimination. Finally, participants who were currently in education or employed were asked whether they had experienced bullying, teasing, threats, or harassment in their respective settings over the past 12 months, and whether these experiences were related to their LGBTIQ+ identity. Overall, 42.2% of school students reported having experienced discrimination at school within the past year. Around one in three participants in apprenticeship programs or job integration programs also reported discrimination. The reported rates were lower in the workplace (19.7%) and in higher education contexts (12.5%). In Figure 12, we present the reported discrimination rates separately for sexual minority and gender minority/intersex participants. Due to sample size limitations, gender minority and intersex participants were grouped together for analysis. Among those who experienced discrimination, two-thirds of participants indicated that it was likely due to their LGBTIQ+ identity.

Experienced Discrimination

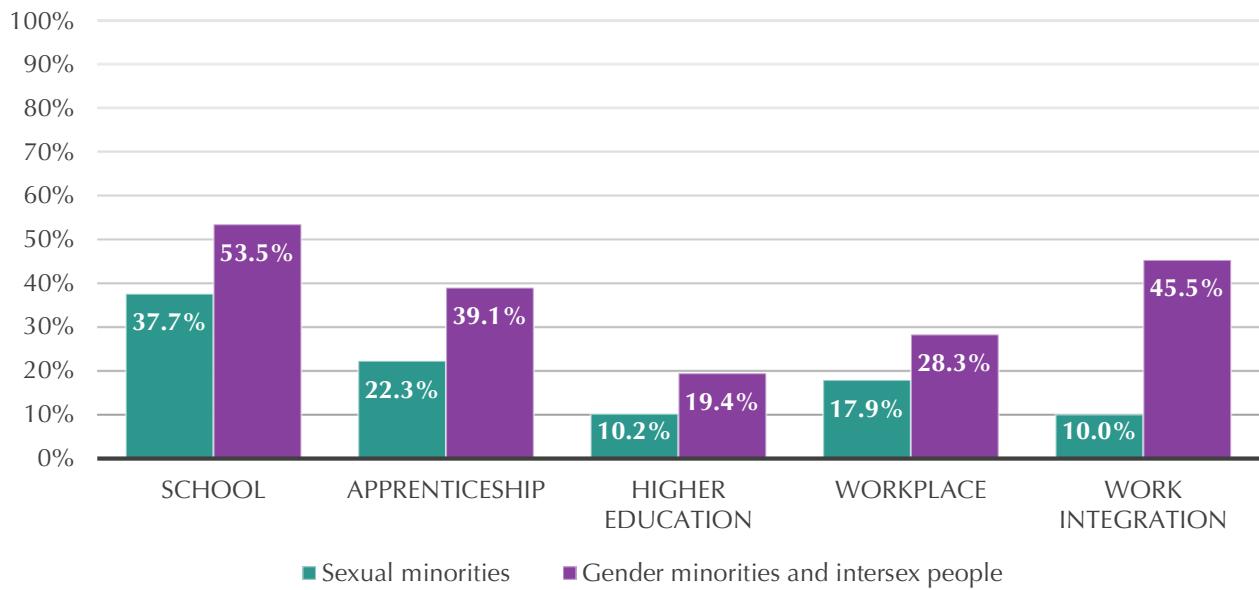


Figure 12. Experienced Discrimination in Primary Occupation

Often, people who experience discrimination might not always report it or get help. Thus, we asked participants who had experienced discrimination whether they talked about it, and if so, to whom, and whether doing so helped. While most school students (66.7%) and employees (59.6%) spoke to someone about their experience, smaller proportions did so in the apprenticeship (40.9%), job integration (44.4%), and higher education (45.5%) contexts. Among those who did speak about their experience, the majority shared their experiences with peers or supervisors. In job integration programs, the pattern was different: only 41.7% of participants talked about the incident with coworkers, while 58.3% spoke to their supervisor, and 33.3% shared it with a social counselor or worker. While in most contexts, participants reported that speaking up helped “a little” to “a lot”, in job integration programs, half of the participants who spoke up said that doing so did not help at all. The findings reported above reflect the need for targeted training and support in different educational and employment settings, so they are equipped to support LGBTIQ+ people effectively.

SELF-EMPLOYMENT

Among the participants, 483 people reported being self-employed, mostly for reasons of flexibility and because it is common in their work area. Some also mentioned that they were forced to do so because of their experiences or wanted to create a safe space for queer people:

“I had a great career in [...] until people learnt that I was intersex. I was told that people don’t want to be managed by ‘people like me’.”

“My practice is a safe space for queer people. There are far too few spaces where queer people can feel safe and understood, and I want to change that.”

RETIREMENT

While some participants were self-employed, others were at a stage of life where retirement shaped their engagement with community and social activities. Among these 208 people, many emphasized the importance of social contact and continuing activities, including in LGBTIQ+ contexts:

“Thanks to the association Queer Altern, I was able to make new contacts and take part in leisure activities.”

“I used to think that, as a retired person, I was no longer needed. That turned out to be wrong. I am still someone people seek out, and I like that. I enjoy listening to LGBT people, talking with them, and sometimes giving advice.”

“I am happy – among other things because I now have enough time to maintain my circle of friends.”

Others highlighted generational differences in LGBTQ+ experiences:

“When I fell in love with a woman for the first time, the world was completely different to me. [...] I am proud of what we have achieved, but sometimes I fear that the media mainly focuses on negative news. That fuels people’s fears and affects [the general mood] negatively. I certainly do not want attacks on queer people in the streets to go unreported; however, when I think back to how discriminatory life was fifty years ago, things are so much better today – and I would simply like to read more about that.”

“Being queer was even forbidden for men back then, and women were simply not acknowledged at all. There were only secret meeting places [...] in the city where I lived. Today, at least in our part of the world, I can live completely free and be accepted in almost all areas of life.”

Others highlighted concerns related to retirement and being LGBTIQ+:

“I get the impression that this topic is not a topic in our retirement home.”

“What I fear most is ending up in a care facility one day that will not take into account the fact that I am gay, and where this could become a subject of mockery, or even lead to possible mistreatment because the staff are not clearly trained to welcome and support LGBTIQ+ people.”

UNEMPLOYMENT AND CARE WORK

In contrast, some participants were unemployed and actively seeking work (457 people) or providing unpaid care (147 people), we report below their experiences. A majority (57.8%) of unemployed people indicated that being LGBTIQ+ makes finding a job more difficult. We selected two quotes highlighting these experiences:

“I am currently looking for a job, and I often think about how I should present myself in interviews, whether I should de-queer myself a little, just in case it might be a problem...”

“I have not yet changed my first name. Therefore, I have to list two first names on my CV and explain why I use one name for financial matters and another for personal interactions. It has even stopped me from applying for certain jobs, because I do not know how open a given company is toward trans people.”

Among the participants engaging in care work, many mentioned the difficulties they face not in not being recognized:

“The care for the household and house chores are often not appreciated enough as real work and in the case of males, they are stereotypically expected to work and earn money.”

“It is demanding, beautiful, and very fulfilling. I would love to do it full time, but I also miss being employed full time.”

PERMANENTLY ILL OR UNABLE TO WORK

Finally, 315 people reported being chronically ill or permanently unable to work. In a follow-up question, we asked whether they would be willing to share their experiences. Many expressed high levels of distress and feelings of isolation. A recurring theme in the answers was difficulty with the IV pension process, particularly in obtaining recognition. This was especially true for people affected by Long Covid and/or ME/CFS. For instance, someone described losing their job due to Post Covid type ME/CFS and struggling for three years to obtain support:

"I have been living with post-COVID type ME/CFS for [...] years. It suddenly and unexpectedly tore me out of my life. I lost my job in [...], and I had to fight for three years (with legal assistance) to receive support from our 'social system' and not fall through all the cracks.

That was the worst part. I now receive a disability pension. I would never have thought that something like this could happen to me, as I had always been healthy, active, responsible, and working."

Many participants linked their experiences of illness and disability to their LGBTIQ+ identity, highlighting how multiple forms of marginalization interact. Common issues included discrimination, misgendering, and barriers to accessing support:

"I've noticed that people use my queerness to belittle my disability, or my disability to belittle my queerness. Some people seem to think being both means I have a need to be 'special' or want attention, which is just a ridiculous and discriminatory stance to take.

People can be more than one thing at the same time, that's just intersectionality."

"I have a history of misdiagnoses and masking my real issues, largely because I was in the closet. This makes it very difficult to obtain disability insurance, and there is a chance that I will spend my life on social assistance."

"I became unable to work after a transphobic outburst from a colleague [...], and my supervisor did nothing about it."

"[The person mentions their different diagnoses including depression.] The depression is certainly strongly influenced by problems at work, which were also likely linked to gender dysphoria (at the time, I was not yet out at work). My experience with transitioning at such an advanced age has been extremely intense, this process demands an enormous amount of emotional energy at this stage in life. In addition, it is a profoundly painful experience to realize how many of one's younger years have been missed. I am therefore very angry with politicians who want to delay, or even prevent, young trans people from transitioning."

"As an intersex person with [...] illness, psychological issues, and several secondary conditions related to being intersex, it is an everyday experience to be labelled as lazy, work-shy, a hypochondriac, or a fraud. One is not really taken seriously either. I constantly have to fight hard for my needs and rights. It is exhausting and wears me down."

Participants frequently reported negative experiences in healthcare settings, including disbelief, misgendering, and lack of knowledge about LGBTIQ+ health needs:

"In medical settings in particular, I often do not have the energy, or I worry that I might be disadvantaged if I mention my trans identity. That is unfortunate, and I hope to be able to change this."

“[...] During that period, I had many medical appointments, and I decided not to bring up my genderqueerness there, which means that I am constantly misgendered. At least in some cases, I disclose that I am in a lesbian relationship.”

“Most of my health providers are uneducated on trans healthcare and how it affects my other health issues. Some use outdated and uncomfortable language. I had receptionists yell at me for my looks. And I cannot access any LGBTIQ+ spaces, so I am very isolated despite living in a big city with a large LGBTIQ+ community.”

One participant also described repeated misgendering during neuropsychological assessments for the IV/AI and challenges in accessing prescriptions, despite prior recognition of their needs in another country.

Finally, participants shared what helped them – or what would help them – to feel less isolated. These included family support, inclusive LGBTIQ+ spaces (with elevators, ramps, mask-friendliness, accessible doors and toilets), and online meeting spaces for LGBTIQ+ people:

“I am grateful to my lesbian and gay friends for always being there for me, caring for me, and helping me!”

“Being able to hang out with cool queer people online is saving me from near-total social isolation, as I can’t attend social events in person.”

“I wish there were more queer spaces that take into account people with invisible or less typical disabilities, for example through mask-friendly environments, quiet rooms, and low-barrier design.”

“I only found my local community quite late, and around the same time I became seriously ill. Now I can hardly leave the house, and I miss the community. I would like to connect with others online and, for instance, take part in discussion groups or similar activities. However, the offers that interest me are all in-person and therefore inaccessible to me.”

SECTION 5: HEALTH & WELL-BEING

There is a large body of scientific evidence that discrimination, structural inequalities, and violence contribute to health gaps among LGBTIQ+ people. On the other hand, support by the LGBTIQ+ community and the wider society can close this gap. We therefore assessed respondents' subjective well-being, mental health, and physical health.

WELL-BEING

First, we asked respondents about both their positive emotions (i.e., feeling enthusiastic, happy, and satisfied) and their negative emotions (i.e., feeling sad, ashamed, helpless, and dejected) within the last 12 months (see Figure 13). This allowed us to compare the well-being of the respondents. Values range between 1 (Very rarely) and 7 (Very frequently), thus higher numbers indicate both higher positive, respectively negative emotions. As in the previous years of our panel, endosex cis-heterosexual and sexual minority respondents did not significantly differ in positive and negative emotions, while gender minority and intersex respondents reported fewer positive emotions and more negative emotions. This indicates that members of gender minorities and intersex people feel slightly more distressed than both endosex cis-heterosexual people and members of sexual minorities.

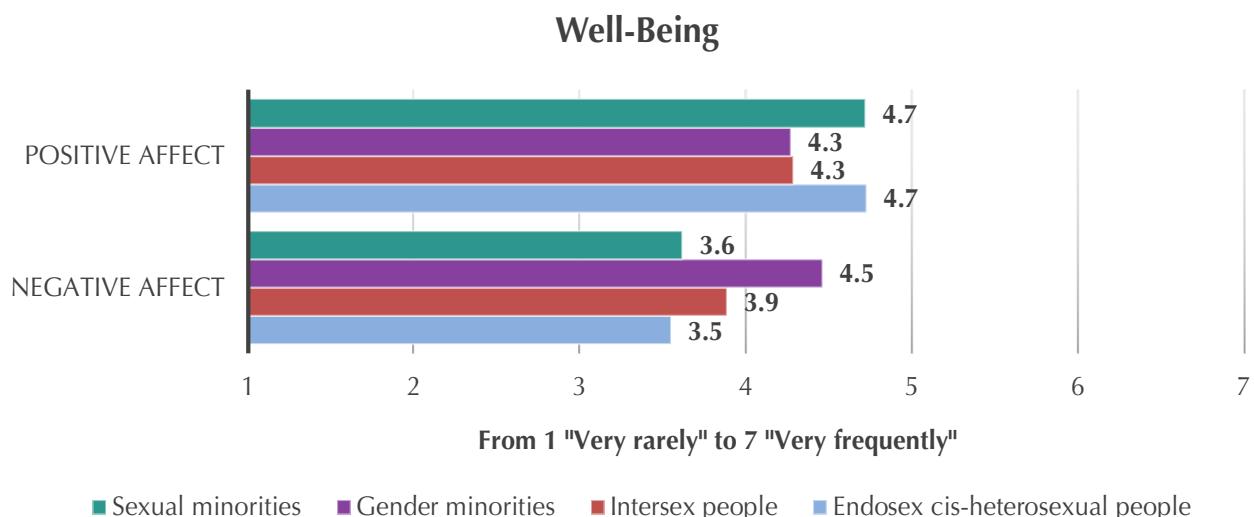


Figure 13. Well-Being

MENTAL HEALTH

Participants were asked to rate their mental and physical health over the past 12 months (see Figure 14). Responses were grouped into three categories: (1) *Poor or bad health*, (2) *Neither good nor bad health*, and (3) *Good or excellent health*. As shown in Figure 14, the results reveal a clear mental health disparity. One in four endosex cis-heterosexual participants (24.9%) reported poor mental health, compared to nearly one in three sexual minority participants (29.6%) and two in five intersex participants (38.2%). Importantly, over half of gender minority participants (51.7%) fell into the “poor mental health” category. These findings underscore the urgent need to address mental health inequalities, particularly among gender minority people.

Mental Health

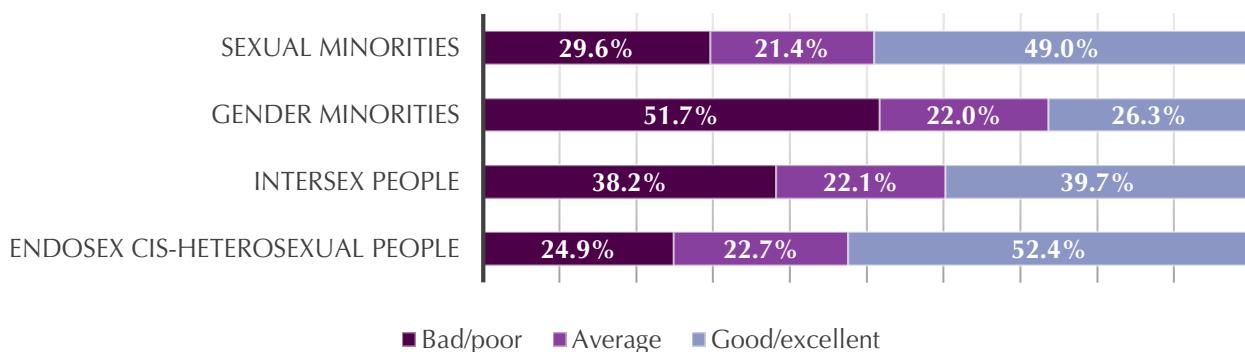


Figure 14. Self-reported Mental Health

PHYSICAL HEALTH

The health gap was also evident in participants' self-rated physical health (see Figure 15). While 13.3% of endosex cis-heterosexual participants and 14.7% of sexual minority participants were classified in the “poor physical health” category, this proportion rose to 24.3% among gender minority participants and 30.3% among intersex participants – nearly one in three.

Physical Health

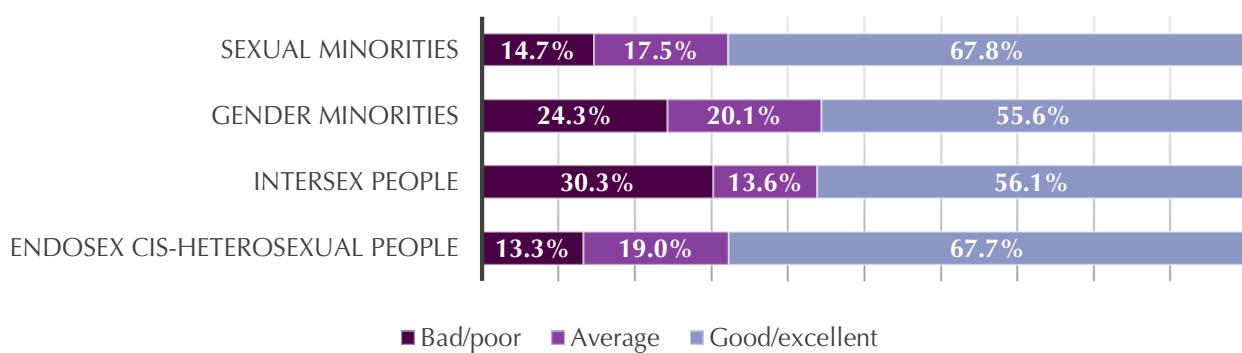


Figure 15. Self-reported Physical Health

SELF-HARMING BEHAVIOR

Finally, the prevalence of self-harming behaviors was also high (see Figure 16): one out of three gender minority (35.0%) and intersex person (30.3%) reported engaging in self-harm in the past 12 months. The rate is also high among sexual minority members (12.6%), particularly in comparison to endosex cis-heterosexual people in our sample (7.7%).



Figure 16. Self-harming Behaviors

EXPERIENCES OF INTERSEX PEOPLE

This year, a specific section of the questionnaire asked intersex participants whether they had undergone any gender reassignment procedures. Overall, about one third (21 people) reported having had such procedures, and a large majority of these operations (71.4%) were conducted without the person's consent.

We also asked intersex participants what changes they would like to see in Swiss society for intersex people. Below, we provide a selection of their answers:

"That it's a spectrum (although I dislike this binary reading, because a spectrum is still between two poles)
I wish people recognised that even biological sex happens on many different levels, aligned or not (from chromosomes to hormones to gonads/internal organs, to external genitalia). Therefore, being intersex can also take various forms. [...]. I also wish we wouldn't speak of 'consenting' to 'adjustment' (adjust to what?! To your imagination?) surgeries for children. I was 13 and 'consented' very much out of pressure. (FYI: for intersex people, consent is difficult because the system (and doctors and parents) PRESSURE them to conform. [...]."

“Stop operations that have not been consented to by the person themselves. Provide education about this in schools, including about the difference between intersex and trans.”

“Legal recognition (at least) of a third gender; a complete ban on ‘corrective’ surgeries on intersex minors; education in schools about the existence of intersex people. We are not a one-in-a-million case but much more common than people think. Unfortunately, many still do not even know we exist.”

“That ‘Swiss society’ consider us as full individuals, as we are in our being and bodies, without pathologizing us and thus without forced or imposed treatments (surgical, hormonal, or prosthetic interventions, such as, for example, vaginal widening, etc.).”

- “1) A corresponding neutral gender entry; normalization of neutral pronouns; no gender entry for inter* babies.**
- 2) Recognition in society that intersex people can also have an inter* gender identity. That it is not only the physical level that is ‘inter’, but that I also feel inter* myself.**
- 3) More normalizing and accurate media coverage instead of sensationalist reporting.”**

“[...]. More than anything, I wish there were good groups for intersex youth and children, where they could meet others like themselves. Not for me, but because of my own childhood experience, when I experienced violence.”

MOMENTS OF JOY

Importantly, being LGBTIQ+ does also often lead to moments of community connectedness, pride, and joy. Therefore, we asked participants where they found moments of joy as members of the LGBTIQ+ community. Their responses highlight four main sources of joy:

1. Connection and Belonging

Many respondents described joy in forming deep connections with other queer people who share similar values and life experiences. They emphasized the happiness of being fully seen and understood in friendships and romantic relationships. Some also found joy in being able to express themselves freely not only within the community, but also with family, colleagues, and straight friends – underlining the importance of strong support networks.

2. Queer Spaces and Visibility

Participants highlighted the value of LGBTIQ+ spaces such as events, LGBTIQ+ parties, LGBTIQ+ sports groups, or LGBTIQ+ online communities. Joy was also found in representation of LGBTIQ+ people in media, cinema, literature, music, on social media and in art in general, especially when it comes to realistic and positive stories, for example of successful coming-outs or everyday experiences (e.g., where the fact that a character is LGBTIQ+ is just a part of many characteristics).

3. Inclusive Environments and Pride

Many participants emphasized the joy of experiencing inclusive public spaces where diversity is visibly welcomed and respected, such as toilets or places with pride flags, but also simply the joy of seeing queer people on the streets. Several respondents also mentioned demonstrations, like Pride, as joyful moments where they are surrounded by people who understand them and with whom they can truly be themselves.

4. Recognition and Progress

Finally, some participants linked moments of joy to social and legal progress for LGBTIQ+ people in Switzerland or abroad, such as the adoption of marriage for all or the acquisition of rights for trans people. Others mentioned moments of gender euphoria, such as being correctly gendered, passing, or being able to express themselves without getting comments or being stared at.

These findings show how both personal relationships and societal changes play a vital role in the emotional well-being of LGBTIQ+ people. Below, we present a selection of quotes from participants that illustrate the diverse ways in which LGBTIQ+ people experience joy in their everyday lives.

"I find joy when I meet like-minded people with shared experiences. I like it when I do not have to always teach/explain others about my life."
- gay man, 27 years old

"I find joy where I can feel legitimate to be myself and not marginalized based on my gender or orientation, either when surrounded by peers who share similar experiences or when I'm by myself, safe from society's gaze. It's usually easier regarding my orientation but more complicated regarding my gender."
- trans nonbinary pansexual person, 30 years old

"[...]. It makes me happy when people use they/ them pronouns for me or address me by my chosen name in letters and conversations. Political progress gives me hope, hope that I often lose because of the current political situation."
- trans nonbinary asexual person, 18 years old

"Trans pride means something very powerful to me, for example seeing a book in a bookstore written by a trans person, meeting someone who identifies similarly to me, or when someone dares to come out to me. Truthful representations of LGBTIQ+ people in the media, for example in series, films, books..."
- trans pansexual man, 20 years old

“When I’m with other LGBTIQ+ people. When I am somewhere in public and see businesses or people openly support LGBTIQ+ rights and equality – even something as simple as a pride flag or a sign that says everyone is welcome.”

– lesbian woman, 30 years old

“Being surrounded by like-minded people (LGBTIQ+ or not), enjoying parties in queer environments, doing activities (hikes, trips) with other queer people. But also individually, being in a space where there is no judgement and being able to exist without worrying of being judged.”

– gay man, 28 years old

“When I feel free to be myself and to love whomever I want, without it being seen as something different, for example, in queer bars or queer sports clubs.”

– lesbian woman, 24 years old

“Honestly, in open conversations with cis-het people – and seeing them begin to understand and accept. Knowing that our existence makes the world and life more colorful. Hearing stories of, for instance, a trans person who has finally reached their goal and feels proud of their body. Photos and videos of LGBTQ+ weddings.”

– gender queer pansexual person, 31 years old

“When you can express yourself however you want and be accepted, and when you don’t have to be straight-passing to belong socially.”

– bisexual woman, 25 years old

“Changing my exterior presentation to better match my nonbinary and queer identity. Being acknowledged as queer. Seeing representation of myself online and in real life.”
– nonbinary pansexual person, 34 years old

“Being in spaces with other queer people, where I do not have to explain or educate. At Pride in Zurich in 2023, I had a strong feeling of being normal and the cis-hets being the anomaly and minority... nice for a change. When hugging my queer friends.”

– trans nonbinary pansexual person, 56 years old

“I feel safe in our community, and that feeling of safety and acceptance means everything in a world that wasn't designed for someone like me. My friends and I understand the same references.”
– asexual woman, 21 years old

“At community events, because there I don't have to justify or explain myself, I am accepted just as I am.”
– trans nonbinary bi person, 32 years old

“In moments of gender euphoria.”
– trans nonbinary heterosexual person, 60 years old

SECTION 6: SITUATION IN SWITZERLAND AND FUTURE

This year, participants were asked how they perceive the general social climate in Switzerland toward sexual minorities, gender minorities, and intersex people (see Figure 17). A large majority perceived the climate toward gender minorities as negative (76.5%), while a majority also viewed the climate toward intersex people negatively (57.1%). In contrast, only a minority (29.3%) believed the general climate toward sexual minorities was negative.

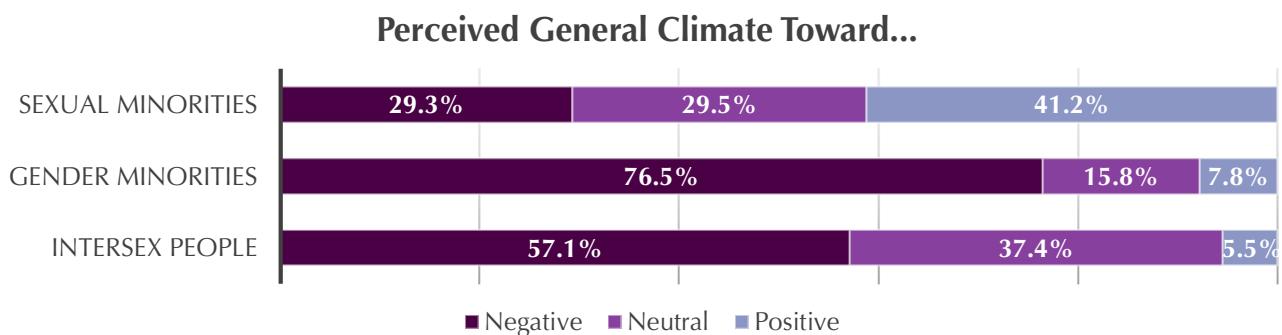


Figure 17. Perceived General Climate

Participants were also asked how they expect the situation to develop in the future – whether it will get worse, stay the same, or improve. Perceptions varied depending on the group in question. Regarding sexual minorities, most participants believed the situation would get worse (39.2%), though others expected it to stay the same (29.1%) or get better (31.7%). In the case of gender minorities, there was a clearer consensus: more than half of the participants (52.7%) thought the situation would deteriorate, while fewer expected it to remain unchanged (22.8%) or improve (24.6%). For intersex people, most participants anticipated that the situation would stay the same (43.2%) or worsen (33.2%), with only a minority (24.6%) expecting positive change. Importantly, several participants mentioned that they hear little about intersex people, making it hard to estimate the general climate toward them.

Finally, participants were asked how they feel when thinking about the future for LGBTIQ+ people in Switzerland (see Figure 18). A large majority reported feeling worried (64.7%), although many simultaneously expressed hope (43.9%). Additionally, 28.5% said they felt anxious, and 23.7% reported feeling mad. When comparing groups, gender minority participants stood out: they were twice as likely as sexual minority and intersex participants to report feeling anxious (50.5%) and helpless (28.4%). This reflects the current political realities, where trans and gender queer people are increasingly targeted by political campaigns aiming to restrict their rights.

Feeling About the Future

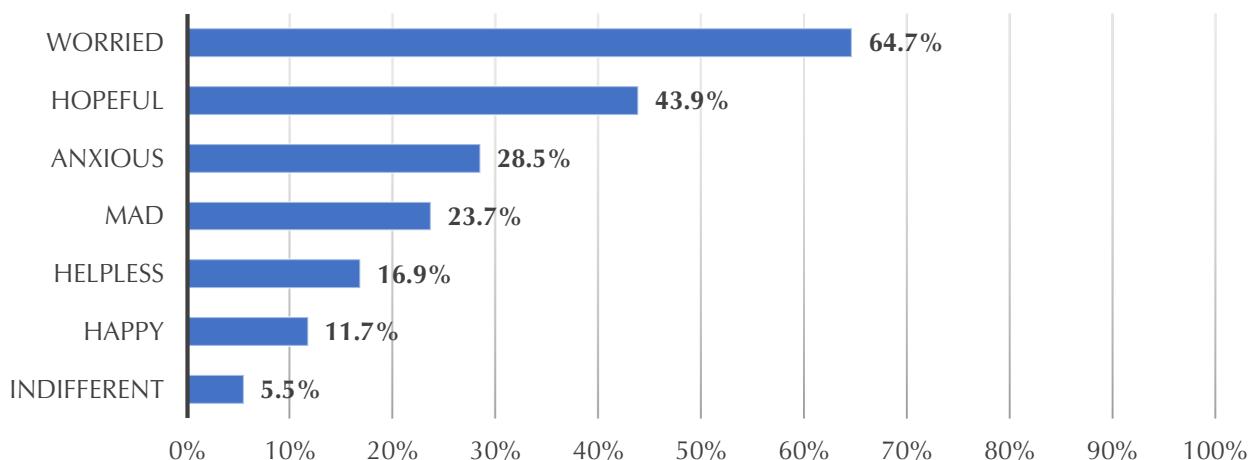


Figure 18. Feeling About the Future of LGBTIQ+ People

Below are selected participant quotes on their perceptions of the future for LGBTIQ+ people in Switzerland, reflecting a mix of concerns and cautious hope.

“The political situation worldwide regarding our rights increasingly worries me deeply. This is the first time in weeks that I have truly feared our rights might be restricted again and that we could face hostility. It's frightening. Before 2025, I had never felt such fear. Now, I do. This, although I have never been directly affected by violence or discrimination. However, I will do everything I can to ensure that this fear will never paralyze me and that I remain resilient.”
– pansexual woman, 38 years old

“Although the legal situation for LGBTQ+ people has improved, the social climate for us is worsening due to the deterioration and hate in many countries around the world, as well as the hate in virtual networks.”
– trans nonbinary person, 51 years old

“The events undoubtedly resemble the end of the 1920s and 1930s. I even believe that younger LGBTQ people in some European countries should already be considering where they might flee to in a worst-case scenario.”
– gay man, 73 years old

“The polarization in politics worldwide scares me, as it is slowly happening that all LGBTQ+ people face increased attacks and discrimination. Especially trans people, but if one group is targeted and succeeds, a domino effect will follow, putting the hard-won rights of everyone at risk.”
– bisexual man, 18 years old

“The political movements in the United States and the rise of fascism in Europe worry me. I hope it doesn’t come to that, but I fear that we might have to flee or resort to self-medication (with the responsibility of sourcing substances illegally) for hormone therapy. I’m scared for the international community, which is already suffering from political movements, but I remain optimistic about our safety in Switzerland.”
– pansexual trans woman, 24 years old

“I think the situation will be greatly influenced by the political situations of neighboring and powerful/influential countries. A rise of the far-right (as unfortunately seems to be the case in some countries at the moment) is likely to undermine and especially endanger the rights and safety of LGBTQI+ people, not to mention other minorities. However, people are becoming more and more open-minded, so with hope, things may evolve, perhaps for the better :).”
– bisexual trans demi-woman, 20 years old

“For me, it always feels different. Sometimes hopeful, sometimes not at all. In general, I see more and more people coming out and opening up. That makes me happy and gives me hope. But I also see how quickly politics can shift and how some people are afraid of the unknown without taking the time to inform themselves. That scares me. Not a very present fear, but a fear that is always there in the subconscious...”

– lesbian woman, 28 years old

“I see the gap widening. Many people are becoming more open and sensitive. But many people are also becoming more right-wing and violent.”

– bisexual woman, 41 years old

“Our form of direct democracy works through the will for consensus rather than confrontation and has made us a positive island since 1938, with the vote on the first criminal code. I hope this remains the case.”

– gay man, 95 years old

“I want to, and will, protest and demonstrate so that our voices are heard.”

– bisexual trans woman, 35 years old

These findings highlight significant concerns about the current and future social climate for LGBTIQ+ people in Switzerland, especially for gender minorities and intersex people. While the perception of the climate toward sexual minorities appears somewhat more positive, the prevailing view is that conditions are deteriorating. The fact that over half of respondents believe the situation for gender minorities will get worse, paired with the high levels of reported worry, anxiety, and helplessness – especially among gender minority participants – signals a growing perception of vulnerability for gender minorities in Switzerland.

SECTION 7: EXPERIENCES OF LGBTIQ+ YOUTH

This year, we had a specific focus on LGBTIQ+ youth due to the mandate of the LGBTI Youth Fund. Importantly, for many LGBTIQ+ people the inner and outer coming out falls into this time, making them vulnerable to stigma, bullying, and discrimination. Discrimination and stigma, in turn, lead to self-stigma, identity concealment, and negative health outcomes. At the same time, parents, teachers, peers, and other important social referents can play a major role in supporting LGBTIQ+ youth. With the current section, we aim to provide an overview of the current situation of LGBTIQ+ youth in Switzerland.

In total, 2,016 youth from the age of 14 to 25 and all cantons of Switzerland participated in the 2025 survey: among those, 1,847 were LGBTIQ+ and 169 were endosex cis-heterosexual. Table Y1 below displays a summary of participants' sexual orientation, gender identity, intersex status, age group, and geographical area. Among all LGBTIQ+ youth, 16.6% were pupils; 54.2% were students, 11.5% were in apprenticeships, 22.0% were employed, 8.2% were unemployed and seeking work, 4.4% were permanently ill or disabled, and 0.4% were primarily engaged in unpaid care activities. Participants came from both rural and urban areas: 29.5% reported living in a village, 19.3% in a small town, 22.3% in a medium-sized town, and 28.9% in a large city. Please note that we had to group gender minority and intersex participants together because only 16 intersex youth participated in our survey.

Table Y1. Characteristics of the survey respondents

Sex. Orien.	TOTAL	HOMO-SEXUAL	BISEXUAL	PAN-SEXUAL	HETERO-SEXUAL	ASEXUAL	OTHER
%	100%	28.0%	26.8%	16.4%	9.1%	9.3%	10.4%
N	2,016	564	540	331	183	188	210
Gender	CIS WOMAN	CIS MAN	TRANS WOMAN	TRANS MAN	NON-BINARY	OTHER	
%	50.2%	16.0%	3.8%	7.5%	16.9%	5.6%	
N	1,012	322	77	152	340	113	
Intersex	INTERSEX	ENDOSEX (NOT INTERSEX)					
%	0.8%	99.2%					
N	16	2,000					
Age group	14-16	17-19	20-22	23-25			
%	9.8%	21.9%	32.6%	35.7%			
N	197	442	658	719			
Geo area	GERMAN	FRENCH	ITALIAN	ROMANSH	BILINGUAL		
%	69.1%	25.4%	2.7%	0.7%	2.1%		
N	1,340	492	53	14	41		

Note. Percentages have been rounded and may not add up to 100%.

COMING OUT

Sexual and gender minority/intersex youth reported similar patterns of coming out across different life domains. We thus grouped them together. Most of the participating LGBTIQ+ youth were out to the majority of their friends (around 70%). Among their families, LGBTIQ+ youth were more hesitant: around 40% were either not out or only selectively out to their families. In schools and workplaces, about half of all LGBTIQ+ youth reported selective disclosure to full concealment of their identity (i.e., being not or only selectively out). In apprenticeships, people concealed their identity even more often: 60% of LGBTIQ+ youth reported being not or only partially out.

DISCRIMINATION

Discrimination that people can experience based on their LGBTIQ+ status can take different forms, from subtle (e.g., sexual orientation, gender identity, or intersex status not being taken seriously) to more blatant forms (e.g., physical violence). Research shows that all these forms of discrimination can negatively impact the feeling of belonging and health of LGBTIQ+ youth. Hence, we investigated the extent to which LGBTIQ+ youth experienced different forms of discrimination based on their LGBTIQ+ identity over the past 12 months.

Findings (see Figure Y1) show that both sexual and gender minority/intersex youth face discrimination in their day-to-day lives. This ranges from not being taken seriously (71.9% among sexual minority and 80.3% among gender minority/intersex youth), to bullying (one in three sexual minority youth and almost one in two gender minority/intersex youth), to sexual harassment (one third of all LGBTIQ+ youth), to physical violence (one in ten sexual minority youth and nearly one in five gender minority/intersex youth).

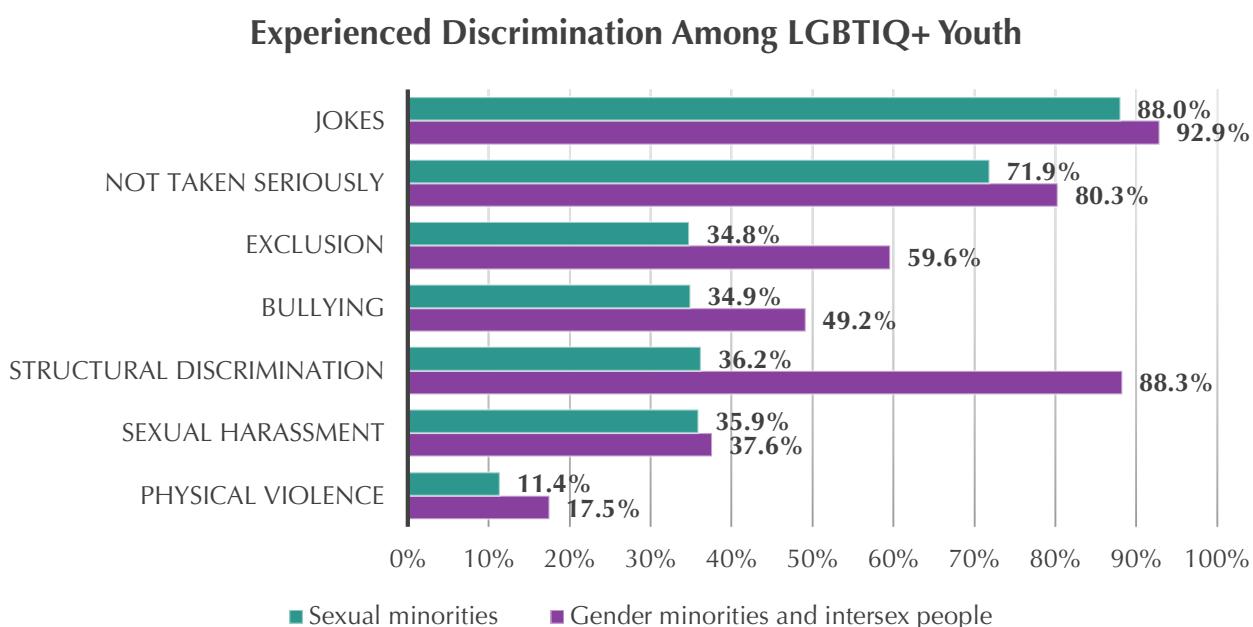


Figure Y1. Experiences of Discrimination by Type Among LGBTIQ+ Youth

As in all age groups, these forms of discrimination primarily occurred in public spaces and on social media (see Figure Y2). Additionally, schools and apprenticeship settings remain important sources of discrimination for LGBTIQ+ youth. When comparing the results among LGBTIQ+ youth with those of all LGBTIQ+ participants (see also the 2025 Swiss LGBTIQ+ Panel Report), we found that the family context and interactions with acquaintances were more often sources of discrimination. Specifically, 27.6% of sexual minority and 45.5% of gender minority/intersex youth experienced discrimination within their families, while 24.6% of sexual minority and 30.6% of gender minority/intersex youth reported discrimination among acquaintances. This indicates that family members and acquaintances seem to be less accepting around the time of the first public coming out.

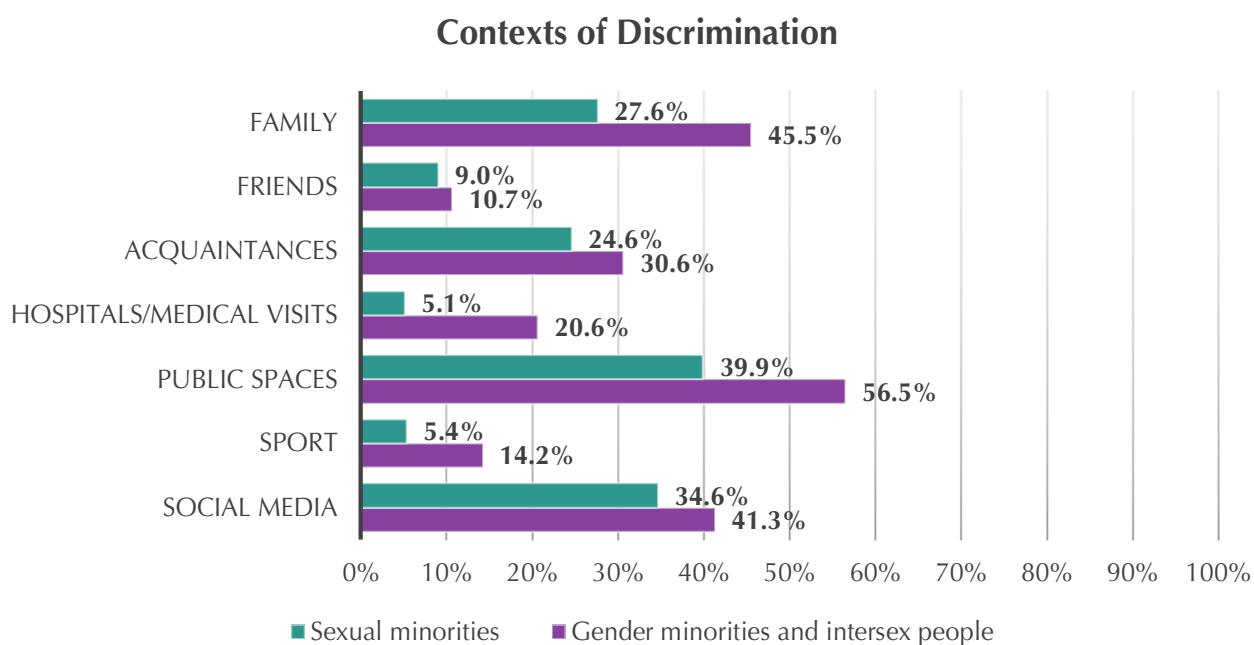


Figure Y2. Contexts of Discrimination Among LGBTIQ+ Youth

FAMILY CONTEXT

Given the central role of family in young people's lives, participants were also asked how their families reacted to their coming out and whether their attitudes changed over the time. Among sexual minority youth, a majority reported a positive reaction (58.6%), followed by neutral (22.5%) and negative (18.9%) reactions. Among gender minority/intersex youth, responses were more polarized: 44.6% reported a positive and 38.6% a negative reaction, while 16.8% experienced a neutral one.

When asked whether their family had become more supportive, less supportive, or remained the same after their coming out, most participants said their families had become more supportive (40.3% of sexual and 57.2% of gender minority/intersex youth) or stayed the same (57.3% of sexual and 34.9% of gender minority/intersex youth), while only a minority reported that their family had become less supportive (2.4% of sexual and 7.9% of gender minority/intersex youth).

Most participants explained that their families became more supportive over time through explanatory and informative discussions about LGBTIQ+ identities and the issues LGBTIQ+ people may encounter, but also through LGBTIQ+ media, books, and movies. We selected two quotes highlighting these experiences:

“When talking with me, they became more informed about the actual social and legal situation of LGBTIQ+ people in Switzerland. Before, they thought it was better than it really is. Through our conversations, they also came to better understand the needs of LGBTIQ+ people, which they otherwise might not have considered much.”

– trans nonbinary, asexual person, 27 years old

“I think it is mainly the access to information about LGBT+ issues in the media, and the possibility, if they have questions, to discuss them with me in order to understand better.”

– lesbian woman, 25 years old

Several respondents also said that their families became more understanding after meeting other LGBTIQ+ people or talking with other parents of LGBTIQ+ children, for example by attending support groups or associations. For others, family therapy or the intervention of third parties (such as siblings, friends, or partners) also helped improve relationships:

“My mother did some research and came across a statistic showing the percentage of trans children and adolescents who had attempted suicide at least once, depending on the level of parental acceptance. [...] As the mother of a trans teenager who had already attempted suicide twice, she realized that she either had to support me or lose me. My brother’s girlfriend talked to him for a long time, and that helped. Her best friend is also trans.”

– trans man nonbinary, bisexual person, 27 years old

Finally, some mentioned that their families became more accepting when they understood that this was not a phase or when they witnessed the happiness and well-being of their LGBTIQ+ family member, for example, by seeing that they were in a loving and healthy relationship:

“Seeing that nothing had changed about who I was after my coming out and that I was the same person. After a few years they couldn’t chalk it up to being just a phase. Seeing me in a stable queer relationship with an awesome partner (they see me being with a woman as exponentially better than ending up with a man; they can see how much she supports me and loves me).”

– nonbinary bisexual person, 27 years old

“After many years, I brought my first partner home. For the first time, it was no longer seen entirely as just a phase. Still, the hope that I will one day have a girlfriend is occasionally mentioned.”

– gay man, 23 years old

LIVING SITUATION

However, not all experiences were positive, and the tension within families is also reflected in the living situations of some LGBTIQ+ youth. Overall, 14.0% of participants had run away from home or their place of residence, 7.1% left home because they were asked to, 6.7% had temporarily couchsurfed due to having no other place to stay, and 1.0% had experienced homelessness.

When comparing sexual and gender minority/intersex youth, gender minority/intersex youth were twice as likely as sexual minority youth to have experienced housing instability (e.g., 22.2% of gender minority/intersex youth had run away from home or their place of residence). While sexual minority youth mostly reported difficult living situations for reasons unrelated to their sexual orientation, gender minority/intersex youth primarily attributed their experiences to their LGBTIQ+ identity.

EDUCATION AND WORKPLACE

Findings show that – especially younger – LGBTIQ+ students continue to face discrimination at school and in training settings. This discrimination is less frequent in higher education and the workplace. Gender minority/intersex youth remain a highly vulnerable group. While on average one in ten (10.9%) LGBTIQ+ youth had already dropped out of school, the rate rises to nearly one in five (18.4%) among gender minority/intersex youth. More detailed information is available in the education context and workplace section of the 2025 Swiss LGBTIQ+ Panel Report.

LIVING IN RURAL AREAS

We further asked LGBTIQ+ people living in a rural area what the specific challenges and benefits they faced were, and we found similar answers among youth participants. While some highlighted the advantages of nature, tranquility, and safety in public spaces (alone or with a partner), many said they faced significant challenges. These challenges include a lack of tolerance and acceptance (often from more conservative people), judgment, ignorance, and strong social control, which can often lead to fear or experiences of rejection and discrimination, such as insults, bullying, sexual orientation, gender identity, or intersex status not being taken seriously, sexual harassment, and physical violence. Many participants therefore mentioned the fear of coming out or being visible, also due to the lack of anonymity in rural areas: as “everyone knows everyone,” LGBTIQ+ people are more likely to be the center of attention and the subject of gossip. However, for some, the close community can also be a benefit: it creates proximity, solidarity and a sense of community, and it can discourage hate crimes because attackers would not be able to get away with it.

In addition, many youth underlined the difficulty of meeting other LGBTIQ+ people in rural areas, the lack of representation and role models, and the limited access to LGBTIQ+ spaces or inclusive healthcare, which can ultimately result in isolation, loneliness, poor health, and lower self-acceptance. Finally, we observed some generational differences in the responses. While many people over the age of 50 reported the same issues as those listed above, a third of them said they did not face any challenges, which could be explained by the fact that they have become more integrated into their communities over time or that their environment became more tolerant (e.g., straight family members, peers, and acquaintances).

HEALTH AND WELL-BEING

Because marginalization, discrimination, and structural barriers as well as a lack of support and feeling of safety can contribute to health gaps among LGBTIQ+ youth, we also examined their self-reported health and well-being. LGBTIQ+ youth reported experiencing **more negative emotions** (but not fewer positive emotions) than LGBTIQ+ people across other age groups. Furthermore, gender minority/intersex youth reported poorer well-being than sexual minority youth, as was found in other age groups. These findings are also reflected in mental health outcomes: more than one in three sexual minority youth, and a majority of gender minority/intersex youth, reported poor **mental health** (see Figure Y3).

Mental Health Among Youth

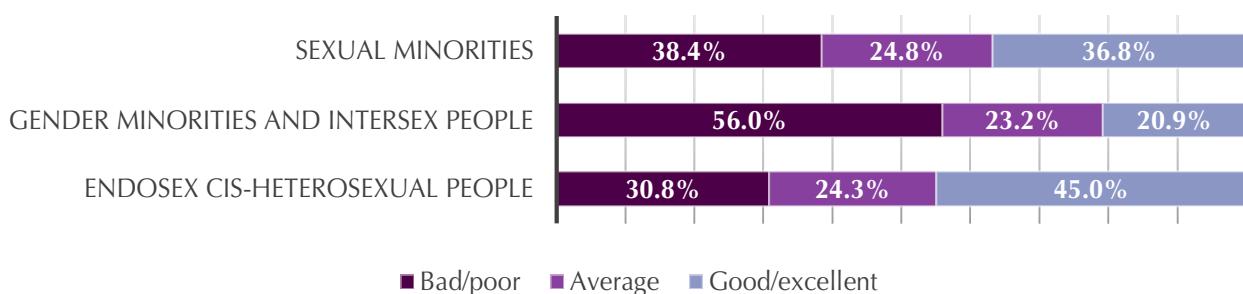


Figure Y3. Self-reported Mental Health Among Youth

The difference with older age groups is less pronounced in terms of physical health (see Figure Y4), with one in four gender minority/intersex youth (25.8%) and one in ten sexual minority youth (13.7%) reporting poor physical health.

Physical Health Among Youth

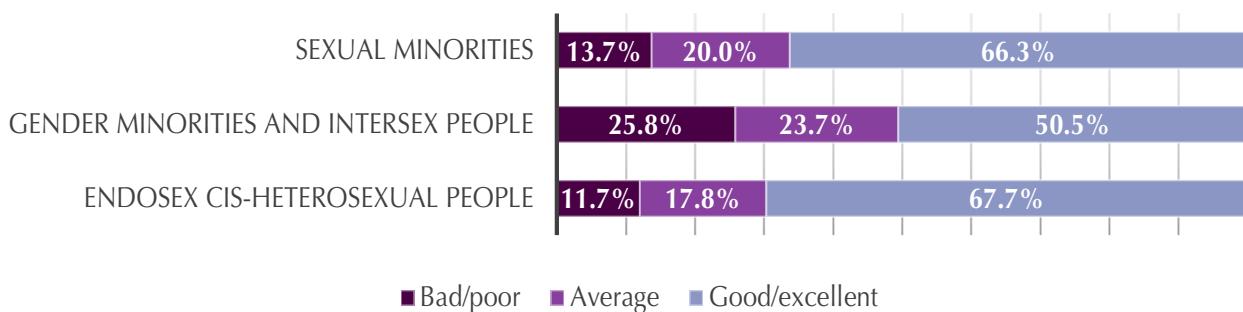


Figure Y4. Self-reported Physical Health Among Youth

Finally, the prevalence of **self-harming behaviors** is alarmingly high (see Figure Y5): nearly half of gender minority/intersex youth (49.7%) reported engaging in self-harm in the past 12 months. The rate is also high among sexual minority youth (27.9%), particularly in comparison to endosex cis-heterosexual youth in our sample (19.6%).

Self-harming Behaviors Among Youth

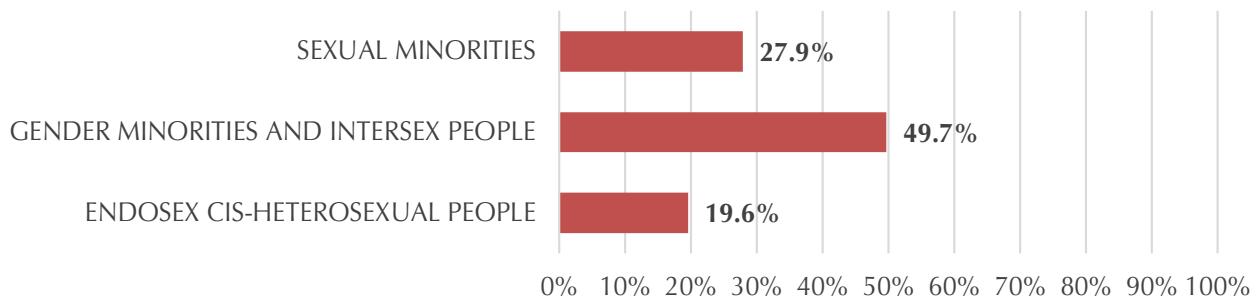


Figure Y5. Self-harming Behaviors Among Youth

FUTURE

Given that LGBTIQ+ youth are in a time of identity exploration and that the first reaction by family and acquaintances might be partly negative, the perception of the general climate and its changes is particularly impactful for them. Most participants view the general societal climate toward gender minority members (80.3%) and intersex people (56.0%) as negative. In comparison, fewer – though still a significant number – perceive the climate for sexual minority members as negative (29.2%).

When asked about their expectations for the future, many expressed concerns. Among youth, 39.4% expected the situation for sexual minorities to improve, while 31.4% expected it to get worse. Next, 29.3% of youth expected the situation for intersex people to improve, while 24.0% expected it to get worse. Finally, when asked about the situation for gender minorities, only 29.7% expected an improvement, whereas 47.5% anticipated a deterioration, reflecting current debates around trans rights. Although LGBTIQ+ youth are somewhat more optimistic about the future than older age groups (see above), many still report high levels of concern. This cautious optimism is reflected in their emotional responses: while 50.5% express hope about the future, a significant proportion also report feeling worried (65.4%) or anxious (38.5%) – with anxiety levels notably higher than those reported by older age groups.

SECTION 8: CONCLUSION

After a one-year break, we conducted the sixth wave of the Swiss LGBTIQ+ Panel. It was a great success, thanks to the help of various organizations, LGBTIQ+ magazines, and individual efforts, and especially the support of the LGBTI Youth Fund. We managed to expand our reach and double our number of participants compared to our last report. We sampled 6,117 participants representing the various subgroups of the LGBTIQ+ community and endosex cis-heterosexual people.

As in the previous reports, the findings of this 2025 report reveal that LGBTIQ+ people in Switzerland still face structural inequalities, experience discrimination, and do not feel fully accepted and safe. However, joy and support come from four intertwined sources: 1) deep connections with queer networks; 2) vibrant queer spaces, visibility, and positive media; 3) inclusive environments and Pride events that invite authentic self-expression; and 4) progress and recognition through legal rights, gender affirmation, and correctly gendered everyday experiences. Together, intimate relationships and broader social change promote well-being and health, as well as a sense of progress alongside continued challenges.

Indeed, the high number of bullying, sexual harassment, and physical violence within the last year is alarming and requires measures to tackle these. Furthermore, public spaces, the internet, as well as the healthcare settings are perceived as partly discriminatory and unsafe. For LGBTIQ+ youth, this applies to family contexts and acquaintances as well. Targeted sensitization, trainings, and interventions are needed to make these contexts more inclusive for all people regardless of their sexual orientation, gender identity, and sex characteristics. A step in the direction is the *National Research Project 83 on Gender Medicine and Health* by the Swiss National Science Foundation, which will hopefully guide the development of information materials and education programs.

As in previous years, we find that gender minority (e.g., trans and nonbinary people) as well as intersex people are particularly vulnerable within the LGBTIQ+ community. They experience more discrimination, receive less support, feel less safe, and report larger mental and physical health gaps. Even though intersex people are still not protected from non-consensual and non-medically necessary operations during their childhood (a violation of their physical integrity) in Switzerland, they remain largely absent from reports – a gap that this report aims to fill.

Current political initiatives aiming to restrict gender-inclusive language and medically accompanied affirmative care for gender-minority youth are reflected in the perception that the future societal climate towards trans and nonbinary people in Switzerland, but also the wider LGBTIQ+ community, might get worse. These trends reflect not only local political and social dynamics but also broader global patterns of polarization over human rights, with LGBTQ+ issues becoming increasingly contentious across and within nations. To effectively

address this polarization, interventions must consider the dynamic interactions between individual, group, and structural factors.

This year, we had a specific focus on LGBTIQ+ youth, who are partly the target of the current political debates. They are commonly exposed to jokes, their identity is questioned, and sexual harassment and physical violence are high. Family members and acquaintances are major sources of discrimination, identity concealment is common, and self-harming behavior is alarmingly high. Despite these challenges, they find strength in both offline and online support and in representation across various contexts, which helps them to be who they are. To better support LGBTIQ+ youth, parents, peers, teachers/educators, health-care providers, and social workers must be better educated on LGBTIQ+ topics – such as coming out, experiencing discrimination, health, and the centrality of support and safety – in order to promote LGBTIQ+ youth's social belonging, well-being, and health.

Importantly, surveys indicate that most people in Switzerland are supportive of LGBTIQ+ people and their rights.¹ Yet polarization does not leave LGBTIQ+ people unaffected, as shown in our report. Evidence-based information is needed to inform the public about LGBTIQ+ people in general, and trans, nonbinary, and intersex people in particular. We therefore plan to continue data collection next year and hope that our data will shed light on how the situation of LGBTIQ+ people develops in Switzerland. The Swiss LGBTIQ+ Panel is only possible due to the support of many LGBTIQ+ and endosex cis-heterosexual people. Therefore, we wish to thank you for your time and support. We hope that many people will continue to support our panel in the future.

1 https://gfs-zh.ch/wp-content/uploads/2025/08/MM_Omnibus-Backlash_neu_Website.pdf

CONTACT DETAILS

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