

The Bias Burden:

Why women's health businesses struggle to access financial services

**CensHERship in partnership with The Case For Her
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The Bias Burden: why women's health businesses struggle to access financial services

Executive summary

Across the UK and Europe women's health businesses are facing barriers when accessing the most basic financial infrastructure - opening a bank account, taking card payments, or getting business insurance. They also extend into major ecommerce and app store platforms which are foundational for operating and scaling a modern business.

Legitimate companies are misclassified as "adult" or carrying "high risk." One UK founder was told her business was categorised alongside firearms and tobacco because it referenced sexual health, while another saw its medical pelvic floor device repeatedly mislabelled as "sexual entertainment," affecting both fees and platform access.

This new report is produced by [CensHERship](#), the advocacy initiative tackling digital and structural barriers in women's health, in partnership with [The Case For Her](#), a philanthropic investment platform that deploys integrated capital. It draws on 14 months of research, including surveys of 35+ companies and interviews with founders, underwriters, and risk experts and financial services professionals.

What we find is that misclassification, over-compliance, cultural discomfort and outdated policy language combine to create structural barriers for women's health innovation and that the identified structural barriers tend to fall into two forms:

- **Misclassification** - where women's health and sexual wellbeing are misread as adult content. This is the most visible and well-documented form of bias,
- **Misunderstanding** - where women's health is overlooked as too new, complex or unfamiliar to fit existing risk templates. These cases are harder to surface because they are often resolved quietly or never formally recorded.

In most cases, the issue is due to a lack of understanding - it is not the result of active bias or malicious intent. Corporate systems are designed to minimise financial risk, and when faced with the unfamiliar, they default to caution or over-correction. Because women's health is often poorly understood, and certain areas still carry taboo or stigma, unfamiliarity combines with the underrepresentation of women in decision-making roles to create a system that too easily confuses legitimate women's health businesses with prohibited or 'sensitive' categories.

The good news: these barriers are largely not regulatory - instead they stem from how rules are interpreted and how culture shapes decision-making, **internally within an organisation**, which means they can be removed.

Through **education and leadership**, the power to address this issue sits with banks, insurers, payment providers and other financial and business service platforms. There is an opportunity for those who take the initiative to grasp the first-mover advantage; this will help unlock FemTech industry potential, a sector which is expected to exceed \$100 billion globally by 2030.

Why this matters

The global women's health innovation and FemTech sector is already worth over \$60 billion, with annual growth expected to exceed [16%](#). It includes technologies, products, services and communities designed to improve women's health and wellbeing - from diagnostics, digital health and therapeutics to menstrual, fertility, chronic conditions, menopause, sexual health, bone health and more.

Coined in 2016 by entrepreneur Ida Tin, the term 'FemTech' now represents one of the fastest moving frontiers in health innovation. And crucially, women's health is not limited to reproductive care: it covers any condition that solely, disproportionately or differently affects women.

Yet the infrastructure this sector relies on to grow and reach its full potential still lags far behind.

Released in June 2025, [Censorship Revealed](#) - a report by CensHERship and The Case For Her - uncovered widespread censorship and digital suppression of women's health and sexual wellbeing companies across major online and social media platforms: ads rejected, accounts suspended, and medical terms flagged as adult content.

What we now see in financial services is the same bias in a different form - an invisible, usually unintentional, but systemic filter preventing legitimate companies from opening accounts, processing payments, or securing business insurance.

When combined with the already-documented **venture-funding gap** (in 2024 [an estimated 8.5%](#) of digital health investment goes to FemTech and just [2 percent of VC capital](#) goes to female founders) and the persistent **gender data gap** (the historic under-representation of women in medical research) the result is a compounding disadvantage: barriers at every stage of innovation, from R&D to commercial establishment to revenue.

Unlike entrenched inequalities, the financial access bias turnaround is a 'quick win': the problem is structural but solvable.

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If financial service providers update their internal frameworks, revisit financial risk appetite definitions and explicitly include women's health within their accepted customer base, they could remove this friction almost overnight.

The Case for Her's Wendy Anderson and Cristina Ljungberg explain:

"As investors, we know that access to banking, payments and insurance is just as fundamental as access to capital. We've seen founders struggle simply to open a bank account - and that is a clear market failure. Fixing this issue is essential if we want to unlock one of the most promising growth markets in global health."

In 2024, [McKinsey estimated](#) that addressing the women's health gap could potentially boost the global economy by \$1 trillion a year by 2040. The opportunity - and the responsibility - could not be clearer.

1. Our research into bias in financial services

When ex-lawyer Kalila Bolton co-founded her sexual wellbeing company [SheSpot](#), getting business insurance felt like a small, mundane task to check off the list. She spent a few hundred pounds on a standard policy - but four months later, the insurer cancelled without explanation.

“I called them up and they said they needed to remove us because we breached their firm’s ethics and values. I then asked for a copy of the ethics in question and it was clear that these were unwritten with no formal policy to direct me to.”

Kalila then endured a painful process when it came to securing new insurance.

“I managed to get a (hideously expensive, but at least comprehensive) new policy - after two months of rejections from 12+ brokers. The firm who eventually found us someone to underwrite the policy were genuinely shocked by the rejections we received - none of the brokers they spoke to would give written reasons but apparently over the phone said they just couldn’t get involved with anything sex related.”

Setting up a bank account proved no easier.

“One bank originally said we were a higher-risk business along with firearms and tobacco. Then I tried another branch of the same bank, and they were fine with it. It just shows the discretionary nature of this kind of thing.”

In Germany, Katie Payne faced similar issues with banking for her STI-prevention biotech company [OhMyV](#). She chose a smaller and newer ‘challenger bank’ knowing that a larger, traditional bank “doesn’t want to take my business.”

Her search for insurance faced the same challenges: *“There are a couple of insurance companies that won’t insure me, but I have a very good insurance broker here, so she works really hard to find the right insurance for me.”*

And later, when Katie attempted crowdfunding for her start-up she was rejected by several large US platforms ‘for not aligning with community standards.’ Reflecting now Katie says *“it was really a struggle...ultimately it failed.”*

Many founders and experts in the industry that we spoke to for this report describe the same pattern.

[HANX](#), which sells intimate health products such as vaginal microbiome-friendly condoms, has faced issue after issue with payment providers. As head of brand Emily Prichard explains: *“HANX was featured in the Daily Mail... and that same day, our payment provider basically refused to process any payments. As we were deemed adult services...”*

More recently, the introduction of a libido supplement aimed at women in midlife triggered a payment processor red flag as a 'sexual enhancement'. After a lot of back and forth, the team was able to resolve the issue.

These 'last minute' issues are common for others too. *"All of a sudden, actually around Black Friday, they [a major payment gateway] stopped accepting payments,"* a team member from the retailer Lovehoney told us. *"No warning, definite impact to our business, and then it's a lot of back and forth to get that back up and running."*

Experts in the industry we spoke to referred to similar patterns. Aoife Mansfield, a risk expert and managing director of advisory firm [Athrú Group](#) explained: *"You can see how rules designed for a different purpose are impacting FemTech in practice — a company mentions words like vagina or menstrual and immediately the system throws a red flag because those words appear on the same lists as adult entertainment or porn, and fall outside that provider's appetite. It's absurd, but it happens."*

This misclassification is only part of the story. In other areas of women's health, the problem is essentially one of neglect. Underwriters struggle to rate newer therapies or biotech products that lack precedent, leading to higher exclusions and slower coverage decisions.

"A typical tampon business might be classified correctly, but a new industry such as diagnostic tampon studies might be misclassified under an industry that could trigger a bank's reputation risk appetite. It's the same product, but if classified differently would be treated differently. That shows you how broken the logic can become." - Ronya Naim, ex-Money Laundering Reporting Officer

"Founders are having to contend with products intended for pregnant women, like supplements, being declined because the exposure is deemed to be higher. But there are ways to cover them." - Kirsten Shastri, Head of Life Sciences, [Tokio Marine Kiln](#)

"It was really, really hard, because whenever it's not a bakery or something traditional, they just don't know how to deal with you." — Franziska Roessier, co-founder, [Mestrualia](#)

In 2024, **CensHERship's first survey** of women's-health founders into **financial services experiences** revealed the scale of the problem. All **28 companies surveyed (100%)** had faced barriers accessing banking, payment, insurance or e-commerce services. The results - [first reported by The Guardian](#) - show just how widespread the problem is:

- **64%** had issues with payment providers
- **57%** with banks
- **46%** with e-commerce platforms
- **25%** with insurance firms

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And the consequences were measurable:

- **75%** refused service or denied an account
- **61%** had an account closed
- **50%** faced excessive scrutiny
- **32%** experienced processing delays
- **21%** were charged higher fees

For founders, the impact was tangible and costly:

- **82%** lost time resolving issues
- **64%** lost revenue
- **43%** delayed their launch

As [The Guardian reported](#), these barriers “add up to a huge disadvantage for women behind the FemTech phenomenon.”

2. Why it happens

“Underwriting female health is often seen as too messy and too complicated” - Kirsten Shastri, Head of Life Science, [Tokio Marine Kiln](#)

“When the people setting frameworks have never thought about women’s health as part of the economy, the easiest thing for those implementing those frameworks to do is exclude it.” - Aoife Mansfield, [Athrú Group](#)

“Whenever you do something new, what people don’t know, the first thing is fear. And as a reaction, they close up even more.” — Franziska Roessier, co-founder, [Mestrualia](#).

Financial bias in women’s health operates through three overlapping layers - regulation, policy, and culture. Automated systems magnify the problem but human bias or lack of understanding plays its role too. A fourth, upstream factor compounds the problem: **industrial classification codes** that are outdated or misapplied.

- **Regulation - and how it is interpreted:**

Banks and payment providers are obliged to prevent fraud and money laundering - but women’s health gets caught up in this. Rules that target pornography or gambling can also sweep up sexual wellbeing and reproductive health businesses.

“The FCA doesn’t tell banks not to touch women’s health businesses — firms just sometimes interpret ‘reputational risk’ so widely that they may end up excluding them in advertently.” - Ronya Naim, ex-Money Laundering Reporting Officer.

Another challenge lies in communication. Under anti-money-laundering “tipping-off” rules, institutions are often prohibited from explaining why an account has been frozen or declined. While well-intentioned, this also means that legitimate founders never learn what triggered the red flag. The bias stays hidden and so does the opportunity to educate.

“It shouldn’t be the huge time suck that it is to find a provider...it should just be a functional tool. The amount of cost to business in terms of our time is ridiculous”, Emily Prichard, Head of Brand, [HANX](#).

- **Company policy:**

Many platforms have blanket “restricted items” lists. It’s often easier for them to ban whole categories than make case-by-case decisions.

“We have been through a lot of different payment providers, and just looking online it was really clear they didn’t want us.” - Lara, founder of Nina.

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“Our product is systematically miscategorized as a sexual entertainment product... it’s a medical device to treat incontinence.” Cyril Haoudi, founder, [Perifit](#).

In other cases, policies are simply outdated. Female hormones are often excluded from cover, while male hormones are not; and “products used in childbirth or pregnancy” appears as a catch-all exclusion.

“We were reviewing submissions from founders who years later realised they had no cover for selling female hormones because their insurers specifically excluded it. In other cases, you see ‘products used in childbirth or pregnancy’ listed as exclusions — but what does that mean? A scalpel used in a C-section? A supplement? It’s so broad.” — Kirsten Shastri, Head of Life Science, [Tokio Marine Kiln](#)

“I think [the financial sector] lump everyone working in sex or sexual wellness or anything to do with intimate health as like porn, and adult high risk, and they don’t take the time to drill down into the different sub categories.” - Kalila Bolton, founder, [SheSpot](#)

“A key driver of bias is that risk models are typically trained on historical data from male-led businesses. Female foundership is growing rapidly compared to historical levels, yet these legacy models often flag women-led companies as anomalies or higher-risk, failing to reflect the legitimacy and scale of today’s female-led ventures.” - Mia Hunter, Director of Partnerships, [Mollie](#)

- **Cultural attitudes:**

Sexual health and reproductive health still carry taboo - but more often than not, the barrier is not overt bias, it’s unfamiliarity. What’s seen as ‘medical’ by one person might look ‘adult’ to another. When in doubt, staff without an understanding of women’s health default to caution rather than to inquiry.

“People often don’t have the time to dig into the definition of certain words or industries. So they mark it as sensitive and move on.” Ronya Naim, ex-Money Laundering Reporting Officer.

“They don’t understand at all the benefits of sexual health, and the importance it plays in people’s wellbeing and mental health.” Simon, Lovehoney

This lack of understanding breeds inaction. Women’s health can appear complex or more time-consuming to service to those unfamiliar to it, and that perception alone can lead to exclusion.

A further factor is how “reputational risk” is treated within financial-services frameworks. Unlike financial crime or fraud, reputational risk is not quantifiable, yet it is routinely used to justify exclusion. This gives institutions broad discretion - what one expert described to

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us as the ability to “decline on vibes” - allowing individual discomfort or misunderstanding of women’s health to be framed as risk falling “outside appetite.”

The issue is not malice - it’s an unwillingness to engage with what seems difficult, embarrassing or sensitive.

We have heard examples of issues being resolved if a founder manages to find someone within a service provider to speak to:

“When they refused us I started to say ‘ok, but you’re serving this one and this one’. We went backwards and forwards. Then at the end I sent this very harsh email - and they finally accepted us. So at this point they are still our service providers.” - Lara, founder, Nina.

Leadership plays a crucial role here. When senior teams don’t explicitly acknowledge women’s health as a legitimate and valuable part of the economy, it signals that it sits outside the organisation’s comfort zone.

“If leaders haven’t thought about women’s health as part of the economy, it won’t appear in risk appetite.” Aoife Mansfield, [Athrú Group](#)

In short, the cultural barrier has emerged because of a lack of confidence, language and literacy around women’s health that then leads to an avoidance by default.

- **Industrial codes (the upstream input)**

Industrial codes haven’t kept pace with the economy. At company registration, firms pick SIC/NACE codes that don’t reflect modern women’s health activity. Those labels then flow into bank, insurer, and payment onboarding filters, priming systems to misread a business before any human sees it.

“The last SIC update was decades ago; businesses self-classify incorrectly. If you don’t fit, people tend to pick ‘activities of head office’ or just the first thing in the list.” — Mitali Mookerjee, Managing Director, [The Data City](#). (The Data City also noted they’re trialling improved real-time classifications with banks/insurers - evidence that improvement of the system is feasible.)

3. Where misclassification happens

There are several stages where misclassification can take place. Once a company is placed in a risky bucket, every future interaction - from card processing to insurance renewal - becomes harder.

Stage	What happens	How bias creeps in
Company registration	Business chooses an industry code (SIC/NACE).	Outdated codes don't help with building understanding. Misleading codes (i.e adult retail) follow the company everywhere.
Before applying	Some platforms block entire categories.	Blanket bans stop fair review.
Onboarding	Banks and payment providers assign a risk label or code	Words like <i>vagina</i> or <i>period</i> can trigger rejection.
Ongoing monitoring	Automated systems scan websites or payments.	New products or keywords can cause account freezes.
Culture & policy	Staff follow rules without context.	Taboos and over-caution turn into systemic bias and prevent an openness or appetite to change.

Underlying all of these stages is one consistent problem: risk appetite. Because most financial institutions have never explicitly defined women's health or FemTech within their risk frameworks, systems default to the nearest analogue - typically adult content, vice categories, or other "sensitive" sectors. In practice, this means that when a founder enters a perfectly legitimate women's health product, the system assigns risk based on linguistic similarity rather than actual business activity. With no explicit appetite statement to counter this, misclassification becomes the default rather than an exception.

"I'm almost expecting it to happen - that they could just close my account one day." — Katie Payne, founder, [OhMyV](#).

4. The next frontier: ecommerce and app store barriers

Even after women's health companies navigate banking, payments and insurance, many face a second wave of structural obstacles when they try to reach consumers. Major ecommerce platforms and app stores use similar keyword-driven, opaque risk filters and outdated policy language - leading to account suspensions, blocked ads and product descriptions being treated as inappropriate or "adult."

Ecommerce: algorithmic bans and taboo language

Founders report that legitimate medical or education products are repeatedly flagged on ecommerce platforms because of anatomical words or because sexual health is treated as adjacent to pornographic content.

One menstrual health founder described a recurring issue:

"We sell period starter kits. Can't use the word vagina... when you're trying to describe how to use a tampon... there's lots of silly bits like that." - Libby Tanswell-Gidney, founder, [Ove](#).

And from another founder:

"[Our e-commerce] platform suspended our site twice - both times during major launches. It took weeks to restore, and we never got a clear explanation. The lack of transparency is really stressful" - Kalila Bolton, founder, [SheSpot](#).

For [Perifit](#) founder Cyril Haoudi, the miscategorisation of its medical device for incontinence as a sexual entertainment product meant they couldn't list their product properly. This led to additional costs (due to a change in category) and they ended up having to pay for consulting / account management support to try to resolve issues.

In a further example, at-home fertility kit [Béa Fertility](#) had to replace "vagina" with "birth canal" within the detailed descriptions (known as A+ content sections) of its storefront page. In contrast, the use of the word 'semen' was fine as a replacement for sperm. For founder Tess Cosad, this restriction felt insensitive and crass - given it is a fertility product. The startup withdrew from the ecommerce platform at the end of January 2025.

App-store restrictions: 'inappropriate' for talking about periods

Several founders told us they were unable to advertise or promote their apps on Apple's App Store because period education is misread as sensitive or adult.

Libby Tanswell-Gidney, the founder of Ove, a period tracking app specifically for teenagers, explained: *“We haven’t been able to pay-to-promote on the App Store because it’s been deemed inappropriate.”*

Perifit founder Cyril Haoudi experienced a similar issue, with its incontinence device app flagged/restricted as sexual content.

These restrictions have direct commercial consequences: reduced visibility, slower growth curves and unfair competitive disadvantage.

4. What needs to change

“To fix it, you need people at the top who say, ‘we want to serve this market.’” - Aoife Mansfield, [Athrú Group](#)

“There’s no manual for FemHealth, so people have to be willing to learn.” - Kirsten Shastri, Head of Life Sciences, [Tokio Marine Kiln](#).

“If financial corporations recognised the value of companies such as ours working in women’s health and sexual wellness, they wouldn’t be so restrictive.” Farah Kabir, co-founder, [HANX](#).

We have identified clear recommendations for financial service providers as well as regulators and industry bodies. Founders too can help share evidence and experience for change.

For financial service providers

- **Lead from the top:** Set a clear tone that women’s health is an accepted and supported sector. Explicit leadership commitment - codified in policies and on provider websites - helps shift risk culture and signals inclusion to every team and system down the chain.
- **Check your policies and your classifications / codes:** Review classifications and internal language to ensure women’s health products are not listed as “adult” or “restricted.” Narrow or modernise exclusions that unintentionally rule out legitimate health products.
- **Build in human oversight:** don’t let keywords or algorithms make final decisions. Women’s health may need specialist review before accounts or policies are declined.
- **Communicate decisions:** where possible offer clear reasons for rejection and create transparent appeal routes so founders can correct misclassifications.
- **Educate and empower employees:** Train compliance, risk and underwriting teams on women’s health innovation and language to break down taboos and stigma. Building understanding and confidence encourages dialogue.

“We just want to know that there will be a fair process that isn’t left to discretionary opinions and values..” - Kalila Bolton, founder, [SheSpot](#).

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For regulators and industry bodies

- **Issue guidance:** so that fair treatment of women's health and FemTech businesses is part of consumer duty and competition goals.
- **Require transparency:** on approval and closure rates for these businesses.

For women's health founders

- Use accurate business codes and keep evidence of medical safety (CE/UKCA).
- Keep backup payment options.
- Share experiences with CensHERship to build collective evidence - help us support change so that we can help you grow.
- Share positive experiences with CensHERship so we can surface and champion providers who work with women's health and FemTech businesses bias-free.

Greenshoots of change

There are already signs of both the need and momentum for change. Global insurance underwriter Tokio Marine Kiln has [introduced a dedicated insurance product](#) for women's health and FemTech, [IntelliMed Life Sciences](#). In its [own research](#) it found that 76% of FemHealth founders have struggled to get insurance - evidence of both the scale of the problem and the market potential for providers who address it.

By formally recognising women's health as a legitimate and underserved category, TMK demonstrates how leadership and education can turn exclusion into opportunity.

Elsewhere, payments provider [Mollie](#) is also working to build an internal culture that supports an open and bias-free approach. As partnerships director Mia Hunter explained: *"Payment service providers (PSPs) have an important role to play. By scrutinising the data models behind their risk profiling, reviewing cases of rejected businesses, and actively addressing biases, PSPs can help ensure female-founded and women's health focused companies are evaluated fairly."*

The next step is ensuring these approaches and reform becomes standard across banking, payments and insurance as well as other business service providers - not the exception. We want to make this reform visible and easily discoverable for founders.

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5. Introducing the FemTick

Launching in 2026, **FemTick** from CensHERShip will provide an accreditation framework for banks, insurers, payment and other providers that demonstrate fair, transparent access to the FemTech sector, spanning women's health and sexual wellbeing businesses.

Gender-Lens Investing (GLI) - a global, well-established investment approach - has shown how clear frameworks can shift capital towards gender equity. FemTick aims to bring similar clarity and accountability to the infrastructure layer that underpins women's health innovation.

Where GLI operates at the level of capital allocation, FemTick sits one step upstream: ensuring that women's health companies can access the basic building blocks of doing business - such as banking, payments and insurance.

Without this foundation, GLI cannot function as intended.

FemTick is the missing standard that sits in the infrastructure layer — where bias currently blocks companies before they ever reach investors, customers, or scale.

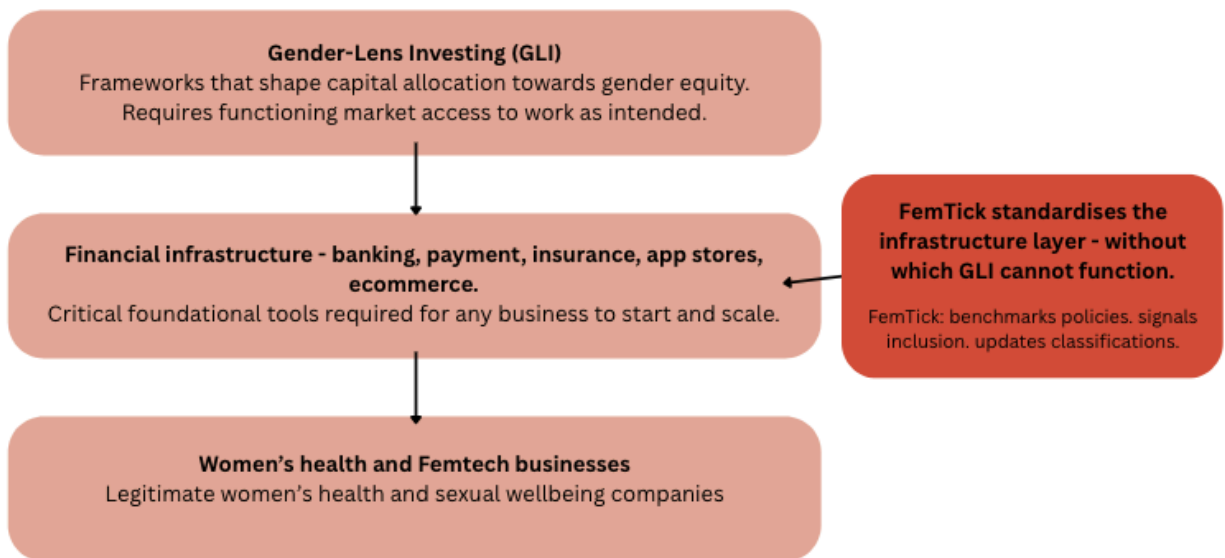


Image 1: Infrastructure as a prerequisite for gender-lens capital: FemTick provides a standard for fair access to the systems women's health businesses need before investment can work.

This standard will help providers benchmark internal policies and practical processes, update classification systems, and signal inclusion publicly. For founders, FemTick offers a trusted way

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to identify supportive partners; for institutions, it provides a route to move from compliance avoidance to confident engagement.

For those already leading the way, **FemTick** offers a visible mechanism to demonstrate it - a mark of trust and progress, similar in spirit to B Corp status. It gives forward-thinking providers the opportunity to showcase bias-free practice, attract new partners, and set the benchmark for responsible finance and business service access in women's health.

By recognising good actors as well as identifying areas for reform, **FemTick** will create a virtuous circle of accountability, transparency and commercial opportunity - making inclusion not just the right thing to do, but the smart thing to do.

To register interest or receive the early-adopter briefing, contact clio@censhership.com and anna@censhership.com

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Methodology

Research by: Anna O’Sullivan, Clio Wood and [Gabrielle Paquette](#)

This report draws on 14 months of mixed-methods research carried out by CensHERship and The Case for Her. It builds on our initial 2024 survey of 30+ women’s health companies, which documented widespread difficulties accessing banking, payments, ecommerce platforms and insurance. In 2025, we conducted in-depth one-to-one interviews with eight founders across different sub-sectors (from fertility and menopause to sexual wellbeing and diagnostics), alongside expert interviews with risk professionals, underwriters, compliance specialists and policy advisors. These qualitative insights were complemented by desk research, policy review, analysis of platform guidelines, and case studies submitted directly by founders. Together, this evidence base provides a rich and detailed picture of how misclassification and bias manifest across financial and digital infrastructure.

Contact us: For more information or to discuss this report please contact: anna@censherhip.com and clio@censherhip.com

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