



A Psychological Data Analysis of Female Filipino Domestic Workers with a History of Suicide Attempts: Basis for Mental Health Program

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Abstract

Filipino domestic workers have been known to endure various challenges inherent to overseas employment, which may contribute to elevated psychological distress and suicidal behavior within this population. However, existing mental health programs are deemed insufficient due to their lack of long-term effectiveness and tailored approach. Thus, this study aimed to analyze the psychological data of female Filipino domestic workers with a history of suicide attempts and identify the psychosocial factors of suicide characterized by egoistic, altruistic, anomic, and fatalistic suicide in pursuit of developing an effective mental health program. Archival research was employed, involving female Filipino domestic workers from 2024 to February 2026. Through an input-process-output design, findings revealed that while regulation-based suicide was the most prevalent classification of suicide attempt among the population, its severity in terms of future suicidal

risk was comparable to that of integration-based suicide attempts. The identified psychosocial factors included marital problems, physical and sexual violence, and lack of social support. Notably, no altruistic factors were recorded. No statistically significant differences were found between the two groups across the subscales of hopelessness, negative self-evaluation, hostility, suicidal ideation, or overall suicidal risk, indicating that psychological distress was comparably severe regardless of suicide classification. It is recommended that immediate post-deployment mental health screening, providing case-specific therapies, and activities be implemented as a program. Furthermore, this study serves as a basis for policy-driven mental health initiatives that consider the role of social structures and systems, highlighting that suicide among female Filipino domestic workers is not a trivial matter but instead a social welfare concern that should be addressed with urgency and competence.

Keywords: mental health, suicide, female Filipino domestic workers.



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1 Introduction

The institutionalized culture of labor migration in the Philippines has earned the country a reputation in the international labor market, with Filipinos accounting for a significant portion of the global workforce. Hailed as the local “Modern-Day Heroes,” Filipino domestic workers constitute an important segment of the overseas Filipino worker population (OFWs) employed in foreign countries, bearing the responsibility of sustaining their families and securing a promising future despite the demanding nature of the profession. Domestic workers are subjected to a myriad of unfavorable working conditions and circumstances that adversely affect all domains of well-being, primarily mental health. Abuse, social isolation, racial discrimination, marginalization, and stress are found to be contributors to mental health issues among domestic workers [1]. These costs of migration, therefore, are associated with suicidal behaviors, which have become long evident in the OFW population [2]. Among overseas Filipino workers (OFWs), the occurrence of suicide remains prevalent, with an alarming rise in confirmed and alleged suicide cases documented over the past few years. The matter of suicide became a major public concern, as the Overseas Workers Welfare Administration (OWWA) released data on the reported deaths of Filipino domestic workers in Kuwait, wherein 22 were due to suicide from 2016 to 2018 [3]. In 2018, a news article recorded two OFW suicide cases in Saudi Arabia and Lebanon [4]. Moreover, two deaths were confirmed by the Department of Foreign Affairs in 2020: a Filipina cruise ship worker and a household service worker waiting for repatriation during the COVID-19 pandemic took their lives [5]. In 2025, a Filipina domestic worker in Hong Kong was found hanging at her employer’s residence and was subsequently hospitalized, representing a case of attempted suicide [6]. Despite the alarming occurrences of suicide among the population, the scarcity of data and research hinders progress in developing effective and tailored mental health programs. Furthermore, in RA 11036, the core of this study falls under Section 21 of Chapter IV, stating the need for suicide prevention strategies, and Section 30 of Chapter VII, stating the duty of the DOH in formulating and developing a national mental health program.

Suicide among Filipino domestic workers is not only an individual mental health concern but also a societal issue that stems from psychosocial factors

and structural conditions, which may include family conflicts, experiences of violence at work, and limited social support systems. Hence, a call for developing policy-driven interventions and strengthening social welfare systems is essential to enhance the Philippine government’s mental health support for Filipino domestic workers.

2 Related Work

2.1 Suicide Among Filipino Domestic Workers

Suicide is a psychological phenomenon defined as the self-directed injurious behavior of an individual driven by their intent to die, which results in death [7]. Associated with this concept are suicide attempts, which refer to deliberate yet unsuccessful actions of taking one’s own life [8]. With the precarious nature of overseas migration and employment, suicidality is observed among domestic workers. In a qualitative study on the psychological help-seeking of Filipino domestic workers, [9] reported various testimonies on the lived experiences of OFWs in the United Kingdom, two of which disclosed the occurrence of suicidal behaviors. It was stated that one participant nearly took her life. Another individual recounted an episode of depression that influenced her decision. Similarly, a study by Candelario et al. [10] identified the presence of suicidal tendencies among the participants in Kuwait through a telepsychiatry system. Despite the lack of research on the phenomenon of suicide among Filipino domestic workers, these findings indicate the existence of internal or external conditions abroad that may aggravate their mental health, with the potential to cause suicide.

Several studies have discovered various contributors to poor mental well-being in the context of Filipino domestic workers, revealing that they are subjected to adverse working and social conditions such as abuse, discrimination, marginalization, racism, social isolation, and stress [1, 11]. In relation to this, a few studies emphasized certain factors that significantly increase the risk for mental health disorders and issues. Cheung et al. [12] identified physical and verbal abuse to be highly associated with depression among Filipino domestic helpers in Hong Kong, with 25.2% of the participants who are victims of abuse displaying mild-to-extremely-severe depression levels. Generally speaking, these imply that Filipino domestic workers are highly susceptible to engaging in suicidal behaviors such as suicidal ideation and attempts, and the suicide risk is even more exacerbated by the extreme circumstances in their environment.

2.2 Emile Durkheim's Typology of Suicide

Emile Durkheim, a prominent figure in establishing sociology as a scholarly discipline, introduced four types of suicide deeply anchored to the role of society, namely: egoistic, altruistic, anomic, and fatalistic suicide. Each type is characterized by the degree of social integration and social regulation.

2.2.1 Egoistic Suicide

Egoistic suicide is characterized by excessive individualism and a lack of social integration (religious, domestic, or political integration) of an individual. In one of Emile Durkheim's published works, *Suicide* [13], he states that people who experience this type undergo a state of egoism, in which the individual ego asserts itself to excess in the face of the social ego. It is manifested when a person experiences a sense of detachment and isolation from the society to which they belong, and only centers on their personal self, making socialization difficult to maintain.

Among the three types of social integration according to Durkheim, domestic or familial integration apparently poses the greatest influence on Filipino domestic workers. This type of integration is defined as an individual's involvement in their domestic society, particularly their families and close personal relationships. With the nature of their occupation, social isolation and separation from one's home are inevitable consequences for the general population of domestic workers, and are prominent risk factors for developing suicidality [14]. Anjara et al. [15] mentioned related factors such as long distance from home and poor social life as contributors to mental exhaustion, leading to feelings of social detachment and loneliness. Additionally, it is stated that loneliness was found to be a potential cause. Furthermore, the role of domestic integration is much more significant, especially among Filipinos, considering that they highly value collectivism, and family is considered their primary source of strength. In light of this, it can be considered that the lack of domestic integration among OFWs can potentially inflict psychological strains, eventually contributing to egoistic suicidal tendencies.

2.2.2 Altruistic Suicide

Altruistic suicide is a phenomenon that occurs when an individual takes their own life due to excessive social integration and rudimentary individuation. Durkheim best explains this type as a form of sacrifice rooted in one's strong sense of altruism. A person becomes too

integrated into their social group that they no longer perceive the value of their individual personality. One loses their sense of self and develops selflessness. In other words, society holds more significance than the victim's own existence.

In the context of Filipino domestic workers, altruistic suicide is rather rare, as few to no studies were found to support the existence of such behavior among them. Although altruistic suicide is theoretically possible, the present literature provides insufficient evidence to characterize it as a salient pattern among Filipino domestic workers. Abrutyn and Mueller [16] argue from a microsociological perspective that altruistic suicide is rooted in the socioemotional dynamics of highly integrated groups, wherein individuals may perceive self-sacrifice as a duty owed to the collective. This mechanism is theoretically plausible among Filipino domestic workers given their strong collectivist orientation and deep sense of familial obligation, although the present sample yielded no recorded cases of altruistic attempts.

2.2.3 Anomic Suicide

Anomic suicide is a type that occurs when a person experiences a lack of social regulation and consequent suffering. Individuals develop a sense of anomie, a condition of social instability due to the breakdown of social equilibrium [17]. Sudden disruptions within society force people to adapt to a new set of standards of living, inflicting mental health strains. However, Durkheim views poverty as a protection from suicide, as having less prevents the desire to have more, encouraging contentment. Furthermore, the existence of anomic suicide in modern society has been supported by a case study in which it is associated with economic insecurity, particularly in debt-ridden situations, lack of opportunity to earn income, and family discords due to a member's unemployment during the COVID-19 pandemic [18]. In light of this, there must be a presence of sufficient regulation within society to promote favorable circumstances.

OFWs are observed to display suicidal behaviors due to economic anomie. However, findings contradict Durkheim's concept of poverty as an advantage against suicide. According to a Human Rights Watch Report [19], earning below minimum wage and financial pressure to provide for their families are identified as a few of the causes of death among the reported cases in Lebanon. Moreover, while Durkheim's perspective that poverty is a protection is theoretically reasonable, the real-life situation shows otherwise. Furthermore,

anomic suicide may be rooted in other derivatives of anomie, wherein the lack of social norms, values, or policies to prevent suicide drives individuals to resort to death [20].

2.2.4 Fatalistic Suicide

Fatalistic suicide stems from excessive regulation, wherein a person experiences forces of oppression brought about by repressive discipline and despotism. When an individual is subjected to a society structured with extreme rules, restrictions, or conditions, they lose the sense of freedom and autonomy, causing them to perceive death as the only escape. A person feels that their future is pitilessly blocked and their passions are nowhere near possible to attain. This type is partly driven by fatalism, a perception that one's fate is predetermined and the course of events in life is beyond one's control.

Among the Filipino domestic worker population, factors of overregulation are also evident in the form of physical, psychological, and/or verbal abuse, such as battery, kicking, restraining, forced confinement, humiliation, verbal assault, and other actions that degrade one's dignity [21]. Since they are subjected to a designated area for a prolonged period of time, simply avoiding employers who practice violent acts of control is not realistically possible. In this case, they are vulnerable to developing a feeling of inescapability from the harsh working environment. According to Ullah [21], sexual abuse was determined to be the prevailing form of abuse against migrant domestic workers in Hong Kong, which mainly consists of Filipino women. Similarly, Cheung et al. [12] found that physical and verbal abuse of Filipino domestic helpers was of high occurrence in the same country. In addition, excessive work demands and long working hours may cause them to harbor a sense of entrapment in their profession, losing opportunities to prioritize personal interests, most especially health in all aspects. These findings, therefore, support the concept of overregulation in the migrant work environment as a driver of fatalistic suicidal risk.

2.3 The Strain Theory of Suicide

A more recent theory associated with the Durkheimian Theory of Suicide, the Strain Theory of Suicide by Jie Zhang [22], posits that there exist four primary sources of strain that can precede a suicidal behavior, namely: (1) Value strain; (2) Aspiration strain; (3) Deprivation strain; and (4) Coping strain. Value strain results from an individual's conflicting values from society, which is the corresponding element of

fatalistic suicide in Durkheim's theory, due to the sense of restriction from upholding one's personal beliefs. Aspiration strain occurs when there is a large gap between an individual's aspirations in life and the reality they live in, corresponding to Durkheim's anomic suicide. Deprivation strain results from an individual feeling deprived of the people around them and poses similarities with Durkheim's altruistic suicide. For instance, in the context of members of a close-knit group, one may compare oneself to others due to excessive social integration, and this may lead them to follow the actions of their reference people. Lastly, coping strain occurs when an individual cannot cope with the stresses and difficulties in life and is associated with Durkheim's egoistic suicide, in the sense that one may have no support systems to help them in their coping process, leading to isolation and suicidal behaviors.

2.4 Philippine Mental Health Programs

The significance of mental health has been recognized in the Philippines, as Republic Act No. 11036, commonly known as the Mental Health Act, was signed into law on June 20, 2018, under Former President Rodrigo Duterte's administration. The mental health legislation was designed for the promotion and protection of the mental well-being of all Filipinos, affirming the basic rights to mental health and services. Although the policy did not explicitly state the inclusion of Overseas Filipino Workers as beneficiaries of the Act, they are not exempted from receiving their full Filipino rights [23]. As stipulated in its objectives, the Act serves as a foundation to formulate, develop, and implement national policies, strategies, and programs concerning mental health; yet, it has barely made any significant impact on them, especially in the context of suicide.

In 2003, the Department of Health (DOH) issued Administrative Order No. 1, Series of 2003, wherein a Pre-Employment Medical Examination (PEME) shall be conducted for applicants as a requirement to determine whether they are physically and mentally fit to work abroad. This process includes undergoing psychometric evaluations to ensure the psychological preparedness of OFWs. Furthermore, the Overseas Workers Welfare Administration (OWWA) has made steps to support Filipino workers abroad through programs such as 'Kumusta Kabayan', a free hotline service that provides OFWs with communication with mental health professionals for advice, assessments, or even medicines if possible [24]. In addition,

OWWA launched 'Uwian Na,' a mobile application designed to expedite the repatriation of OFWs to their respective families during the COVID-19 pandemic in 2020. Similarly, the Philippine Overseas Labor Office (POLO) in Macau introduced a mobile application also entitled 'Kumusta Kabayan', which was developed by the World Health Organization to monitor and improve the mental well-being of OFWs in Macau [25]. In 2022, the Department of Science and Technology-Philippine Council for Health Research and Development (DOST-PCHRD), in collaboration with the Southern Philippines Medical Center (SPMC), implemented a project that provides free telepsychiatry services for OFWs in Kuwait, which concluded in the same year [26]. While these measures demonstrate obvious efforts to assist OFWs, a few limitations hinder their full effectiveness, such as the inaccessibility of the services in other geographical locations and the short-term implementation of certain programs. With these shortcomings, it can be concluded that the initiatives of the Philippine government are not considered enough as an assurance to the mental well-being of Filipino domestic workers, especially in the threat of suicidality.

3 Methodology

3.1 Research Design

An archival research design was employed in the study, which involved analysis of primary sources in the form of books, journals, and other existing records held in archives or repositories [27]. The research involved both quantitative and qualitative aspects. Quantitatively, data from the Suicide Probability Scale (SPS) test results were statistically analyzed, and the frequency of each classification of suicide attempt was determined. Qualitatively, the data from the autobiography reports, specifically the stated reasons behind the suicide attempts, were compiled and sent to three independent registered psychologists for expert evaluation in terms of their classification of the suicide attempts. The evaluators were provided with relevant literature for each of Durkheim's typologies of suicide as a reference for classifying the cases into egoistic, altruistic, anomic, or fatalistic suicide. Egoistic suicide was indicated by statements reflecting social isolation, social detachment, loneliness; altruistic suicide was indicated by statements reflecting self-sacrifice for others, escape from humiliation of defeat, martyrdom, restoration of honor, adherence to cultural beliefs; anomic suicide was indicated by statements reflecting economic insecurity, social crises, and family discords;

and fatalistic suicide was indicated by statements reflecting excessive regulation, rules, forces of oppression, and repressive discipline (see Appendix B for the complete coding manual).

Each psychologist reviewed the cases and determined the suicide category that best corresponded to the psychosocial circumstances described. The final classification assigned to each case was based on the majority judgment of the evaluators. Furthermore, this study utilized Fleiss' Kappa analysis to compute the inter-rater reliability coefficient, with a cutoff score of 0.67, indicating strong agreement among the experts (see Appendix A for the suicide classification and Kappa analysis). As the subject of suicide is a sensitive matter, archival research was applied to avoid risk in data collection; no participants were directly involved. The number of selections for the data collection was at least 40 records.

3.2 Participants

The study focused on 46 female domestic workers as the target population. Specifically, the participants must meet the following inclusion criteria: (1) must have no prior psychological conditions before deployment; (2) must have a suicide history during the overseas contract; (3) must have sufficient evidence of suicide attempt history from interviews; and (4) must have indicators of moderate to severe suicidality risk from the Suicide Probability Scale test with a probability score of 50 or above. The research locales were set at a few clinics in Metro Manila, which accommodate overseas Filipino workers for Pre-Employment Medical Examination (PEME) and psychological clearance. As the researcher is currently working as a consultant at the clinics, the research locales allowed the collection of data at the researcher's convenience.

3.3 Instruments

The analysis of psychological data relied specifically on the Suicide Probability Scale (SPS) test results and autobiographies of Filipino domestic worker clients. The appropriateness of the tools is determined by their capability to satisfy the statement of the problem, their reliability, and credibility.

3.3.1 Autobiography

An autobiography is an instrument prescribed by the Department of Health (DOH) to accredited OFW clinics, which is used to obtain the life history of an individual. The client may be presented with a series of questions divided into three parts that ask for the

following: (1) About themselves; (2) Family Life; (3) Work and Social Life, with three items each and a total of 9 questions. In the autobiography, suicidal tendencies, risks, or factors behind their attempt are usually found and serve as one of the contents to be included in the psychological report.

3.3.2 Suicide Probability Scale (SPS) Test

The Suicide Probability Scale (SPS) is a self-report measure published by the Western Psychological Services designed to assess the suicidality risk of an individual, particularly for adolescents and adults. It primarily consists of 36 items that aim to acquire data on the respondent's subjective experience and past behaviors using a 4-point Likert Scale with the following rating: "None or a little of the time," "Some of the time," "Good part of the time," and "Most or all of the time." The test specifically measures four subscales, namely: (1) Hopelessness; (2) Suicide Ideation; (3) Negative Self-Evaluation; and (4) Hostility. Interpretation of probability scores from the sum of the four subscales according to the SPS Manual is as follows:

Probability Score	Assessed Risk	Interpretation
75–100	Severe	Extreme suicide precautions
50–74	Moderate	Serious suicide potential, though not extreme
25–49	Mild	Some suicide potential, although may just be generalized depression without specific suicide ideation
0–24	Subclinical	Normal or subclinical range of assessed suicide risk

3.4 Data Gathering Procedure

The research study employed processes to gather quantitative data to analyze and evaluate the psychological records of Filipino domestic workers with a history of suicide attempts. Specifically, the researcher presented a letter of permission to each head of the psychology department of the clinics to seek approval for accessing copies of the primary data of the clients. After being granted permission, the researcher collected copies of psychological data from the archives of various locales.

4 Results and Discussion

4.1 Prevalence and Level of Suicidal Risk Among Female Filipino Domestic Workers During the Post-Employment Phase When Classified According to Integration-Based Suicide (Egoistic and Altruistic Suicide) and Regulation-Based Suicide (Anomic and Fatalistic Suicide)

Table 1. Distribution of Female Filipino Domestic Workers According to Suicide Classification.

Suicide Classification	N	%	M (SD)	Interpretation
Integration-based Suicide	15	32.61%	77.27 (8.20)	Severe
Egoistic Suicide	15	32.61%	77.27 (8.20)	Severe
Altruistic Suicide	0	0%	–	–
Regulation-based Suicide	31	67.39%	81.39 (6.38)	Severe
Anomic Suicide	10	21.74%	82.30 (6.95)	Severe
Fatalistic Suicide	21	45.65%	80.95 (6.23)	Severe
Total	46	100%	–	–

Table 1 presents the distribution of female Filipino domestic workers according to the two classifications of suicide in the Durkheimian typology. Among the 46 individuals from the archival records, results show that regulation-based suicide attempts are the most prevalent classification among the female Filipino domestic workers included in the study. Whereas, a small proportion fell under integration-based suicide, accounting for 32.61% ($n = 15$). Given the higher frequency of regulation-based suicide attempts, this implies that most of the cases from the population were driven by either anomic or fatalistic causal factors. In relation to this, it is observed that fatalistic cases emerged as the most prevalent among the four types, accounting for 45.65% of the cases ($n = 21$). This may be due to the fact that Filipino domestic workers are naturally situated in restricted areas for work, such as their employer's household, in which they bear heavy work expectations, are limited by strict rules, and inescapably endure violence from their employers. Hence, merely avoiding the source of their suicidal risk is difficult. The predominance of fatalistic cases suggests that severe occupational conditions and limited personal autonomy play a substantial role in increasing the risk among female Filipino domestic workers.

Furthermore, data show means of 81.39 ($SD = 6.38$) and 77.27 ($SD = 8.20$) levels of suicide risk for the regulation-based group and integration-based group, respectively, during the post-deployment

phase, implying that both classifications were severe despite the difference in prevalence, and that a significant level of risk is still evident after their return in the Philippines. The findings are somewhat similar to the study of Khan et al. [18], wherein regulation-based cases (anomic and fatalistic) are more frequent than integration-based (egoistic and altruistic) cases. However, the results of both studies differ in terms of the presence of altruistic cases and the frequency of each type. In Khan et al.'s [18] findings, three (3) altruistic cases were recorded, and egoistic cases are more frequent. On the other hand, there were no recorded altruistic cases, and fatalistic attempt cases are more frequent in this study.

The regulation-based group garnered a higher mean score of 81.39 ($SD = 6.38$), interpreted as severe, indicating that high suicidal risk is strongly associated with the imbalance of social force of regulation, whether deficient (anomic) or excessive (fatalistic). Anomic factors include sudden disruptions within society, while fatalistic factors may include forces of oppression. With this, the data suggest that many female Filipino domestic workers experience these unfavorable conditions, which may compromise their mental well-being and intensify psychological distress as they struggle to adjust to social instability. In contrast, the integration-based group garnered a lower mean score of 77.27 ($SD = 8.20$), which was also interpreted as severe, indicating that high risk can also be associated with an individual's degree of social connectedness, whether deficient (egoistic) or excessive (altruistic). Within this group, all cases were identified as egoistic, and it is important to note that no altruistic cases were recorded. This indicates that attempts due to altruistic reasons are not evident and are rather rare among female Filipino domestic workers. Furthermore, data show that integration-based attempts of female Filipino domestic workers were solely driven by egoistic mechanisms, particularly weakened social bonds, isolation, and lack of meaningful interpersonal connections with their loved ones, taking a great toll on their mental and emotional stability.

Overall, findings show that an extreme suicidal risk among female Filipino domestic workers is still manifested during the post-deployment phase and is severe regardless of classification. However, the substantially higher proportion of regulation-based cases suggests that social regulation imbalance may have a somewhat stronger influence on suicidal vulnerability. In addition, it is worth noting

the prevalence of egoistic-based attempts in the integration-based cases. Moreover, these results highlight the need for mental health interventions addressing both difficulties in structural instability and social disconnection in the post-deployment adjustment process.

4.2 Psychosocial Factors That Influenced the Suicide Attempt Among Female Filipino Domestic Workers in Terms of Integration-Based Suicide (Egoistic and Altruistic Suicide) and Regulation-Based Suicide (Anomic and Fatalistic Suicide)

The psychosocial factors influencing the suicide attempt of female Filipino domestic workers can be understood through Durkheim's typology of suicide, which categorizes suicide into integration-based and regulation-based, and is further classified into four types: (1) Egoistic suicide; (2) Altruistic suicide; (3) Anomic suicide; and (4) Fatalistic suicide.

Within the integration-based group, no altruistic cases were identified in the present archival sample. This finding should not be interpreted as evidence that altruistic mechanisms are absent from the broader population of Filipino domestic workers. This may be linked to the nature of their occupation, which did not require such traits, unlike in military-related jobs, where sacrifice is basically the core of their duty. Instead, solely egoistic-based attempts were observed among the integration-based cases. Filipino domestic workers mostly reported a lack of emotional support from their families and connection with their loved ones, emphasizing the emotional distance they feel from them. Others stated emotional distress due to bereavement, separation from their children, and parental guilt. These experiences were associated with the extreme feeling of loneliness, isolation, abandonment, and emotional emptiness due to the lack of meaningful belongingness and social support. These findings are similar to those of Aquino et al. [28], in which homesickness is identified as one of the most common challenges that Filipino domestic workers encounter. Hall et al. [11] also found that a lack of quality social support and peer social networks aggravate mental health problems.

As findings show the prevalence of regulation-based attempts, participants reported anomic causal factors during their overseas contract, particularly marital problems and relationship issues due to the adultery and infidelity of their spouse, sudden disruption in the family, such as the imprisonment of a family member,

Table 2. Comparison of the Female Filipino Domestic Workers in terms of Four Subscales by Suicide Classification and Overall Suicidal Risk.

	Integration-based Suicide		Regulation-based Suicide		95% CI					
Subscale	M	SD	M	SD	MD	t-value	df	p-value	Cohen's d	(Lower, Upper)
Hopelessness	22.60	5.60	25.32	5.72	2.72	1.534	28.33	0.136	0.481	(−0.15, 1.10)
Negative Self-Evaluation	13.60	2.13	13.42	2.61	−0.18	−0.250	33.41	0.804	−0.076	(−0.69, 0.54)
Suicidal Ideation	21.87	5.24	21.97	4.91	0.10	0.063	26.23	0.951	0.020	(−0.60, 0.64)
Hostility	19.20	5.67	20.68	4.82	1.48	0.868	24.12	0.394	0.281	(−0.33, 0.91)
Overall Suicidal Risk	77.27	8.20	81.39	6.38	4.12	1.712	22.49	0.101	0.561	(−0.04, 1.21)

Note. N (Regulation-Based) = 31, N (Integration-Based) = 15; MD = mean difference.

and other causes, such as emotional distress due to a potential termination of employment contract. These findings were similar to a study of Hall et al. [11], wherein infidelity was identified as one of the factors that compromised their mental health. Moreover, individuals also reported fatalistic causal factors, particularly rape, assault, battery, abuse, maltreatment, and forced overworking by their employer. Specific situations were stated, such as depriving them of food, locking and isolating them in the house, and confiscating their phones to prevent communication with others. These created a lived experience of entrapment, powerlessness, and hopelessness, driving them to perceive no escape from these situations. Similar findings are observed in the study of Hall et al. [11], in which participants experienced poor treatment and abuse by employers and discrimination. A study by Kouta et al. [29] found that sexual violence is rampant among women migrant domestic workers, together with social isolation. With these conditions recorded in the study, findings reflect great evidence of anomic- and fatalistic-caused attempts for female Filipino domestic workers that must be addressed during the post-deployment phase, highlighting that both excessive constraint and normative breakdown contribute to the intensified risk.

Overall, the psychosocial determinants of suicide attempt among female Filipino domestic workers reflect a convergence of both integrative and regulatory imbalance, but with a clear prevalence of regulation-based causal factors and a predominance of egoistic mechanisms within the integration-based category. Regulation-based factors were manifested through oppressive and excessive control of their employers toward them, while integration-related factors were manifested through low social integration and emotional isolation, which primarily involved their family and loved ones. With these findings, it is crucial to initiate post-deployment mental health

interventions that would aid Filipino domestic workers in dealing with their traumas and restoring family and social connectedness.

4.3 Significant Difference Between Female Filipino Domestic Workers Classified as Integration-Based Suicide and Those Classified as Regulation-Based Suicide in Terms of Hopelessness, Negative Self-Evaluation, Suicidal Ideation, Hostility, and Overall Suicidal Risk

Table 2 presents the comparison between female Filipino domestic workers in terms of the four subscales of the Suicide Probability Scale test by suicide classification and the overall suicidal risk. In an analysis conducted through an independent t-test (Welch's correction), results show no significant differences between the integration-based and regulation-based groups across all variables.

In the subscale of hopelessness, a higher score was observed in individuals under regulation-based attempts ($M = 25.32$, $SD = 5.72$) than those under integration-based attempts ($M = 22.60$, $SD = 5.60$), with $t(28.33) = 1.534$, $p = .136$. Although this result indicates no significant statistical difference between the two groups, the effect size (Cohen's $d = 0.481$) suggests a moderate magnitude of difference. This implies that hopelessness is relatively higher among regulation-based attempts compared to integration-based attempts in practical terms. Despite this, the overlap between groups indicates that hopelessness is still a shared psychological condition across both classifications. Findings are similar to the study of Tonkuş et al. [30], wherein hopelessness is observed to be a significant predictor regardless of its nature. Weak social support, death of a loved one, and physical/verbal abuse are some of the identified factors that intensified hopelessness, which can be categorized under both classifications. This suggests

that hopelessness is common to all suicide types, not group-specific.

In the subscale of negative self-evaluation, similar scores were found in both groups, with the integration-based group ($M = 13.60$, $SD = 2.13$) having a slight lead over the regulation-based group ($M = 13.42$, $SD = 2.61$), $t(33.41) = -0.250$, $p = .804$. The effect size was negligible (Cohen's $d = -0.076$), indicating that there is virtually no meaningful difference between the two groups. This implies that self-critical attitudes, feelings of guilt, shame, and self-blame were experienced at nearly the same level regardless of classification. Thus, negative self-evaluation appears to be a shared psychological feature rather than a distinguishing factor. Ollivier et al. [31] found that feelings of shame and guilt arising from traumatic experiences are associated with increased suicidality, consistent with the negative self-evaluative patterns observed across both classifications in this study. In the data obtained, Filipino domestic workers whose attempts were driven by fatalistic factors reported being ashamed of themselves due to degrading experiences. Other individuals whose attempts were egoistic in nature stated bearing parental guilt due to their separation from their children. Moreover, O'Neill et al. [32] found that negative self-evaluation is increased in individuals who experienced abuse, maltreatment, and physical neglect. This makes it a significant predictor of suicide probability, alongside established predictors: entrapment and hopelessness.

In the subscale of suicidal ideation, a slightly higher score was recorded for the regulation-based group ($M = 21.97$, $SD = 4.91$) compared to the integration-based group ($M = 21.87$, $SD = 5.24$), with $t(26.23) = 0.063$, $p = .951$. The effect size was trivial (Cohen's $d = 0.020$), indicating an almost complete similarity between the two groups. This suggests that the level and intensity of suicidal ideation do not differ meaningfully between the two classifications. The results are consistent with those of Zhang et al. [33], wherein psychosocial factors including depression, anxiety, occupational stress, and unmet interpersonal needs were each independently associated with suicidal ideation among adult migrant workers, suggesting that ideation is driven by a convergence of factors spanning both social dimensions rather than being specific to one classification.

In the subscale of hostility, nearly identical scores were recorded in both groups. As reported in the

study, the integration-based group had a slight lead over the regulation-based group, $t(24.12) = 0.868$, $p = .394$. The effect size was small (Cohen's $d = 0.281$), suggesting a slight practical difference between the two groups. However, the small magnitude of the effect indicates that hostility is still generally comparable across both groups. This finding is consistent with Durkheim's concept of anomie, where anger and frustration arise from disrupted social regulation [13]. Furthermore, Dillon et al. [34] stated that feelings of hostility can come from negative experiences, fear of failure, and inadequate self-esteem, which are associated with both classifications. In relation to this, Papadopoulou et al. [35] found that among female patients with mood disorders, hostility scores were significantly higher in those with repeated suicide attempts compared to single attempters, indicating an association between hostility and recurrent suicidal behavior in this population.

Finally, in terms of overall suicidal risk, a higher score was found in the regulation-based attempts ($M = 81.39$, $SD = 6.38$) compared to integration-based attempts ($M = 77.27$, $SD = 8.20$), $t(22.49) = 1.712$, $p = .101$. Although this difference is not statistically significant, the effect size (Cohen's $d = 0.561$) indicates a moderate magnitude of difference. This suggests that individuals who experienced regulation-related conditions may have higher overall risk in practical terms. However, the overlap between groups indicates that both classifications still exhibit high levels of suicidal risk. These findings are consistent with Yüsek [36], wherein participants who are weakly integrated into their social groups or who are weakly or strongly regulated by society are identified to be most at risk. Overall, regardless of the dimension of suicide, suicidal risk is high for both groups.

4.4 Mental Health Programs or Post-Deployment Intervention Strategies Recommended to Address Suicidal Risks Among Filipino Domestic Workers

Table 3 presents the outline of the recommended mental health program for Filipino domestic workers. Based on the findings of the study, it is recommended to design a post-deployment intervention program for returning Filipino domestic workers, with the aim of addressing further suicidal risk immediately. Filipino domestic workers subjected to integration-based and regulation-based attempts or conditions are vulnerable to psychological distress regardless of classification; hence, these must be equally approached with specific

Table 3. Outline of the Mental Health Intervention Program for Returning Filipino Domestic Workers.

Component	Objectives	Activity	Persons Involved	Time Frame	Budget (Estimated)
Post-Deployment Mental Health Screening	To identify early signs of suicidal risk and psychological distress during the post-deployment phase	Post-deployment mental health screening	Psychologists and Psychometricians	at least one (1) hour	PHP 500–700 per person
Anomic-based Intervention	To improve coping skills and emotional regulation, especially those with anomic-based experiences	Psychoeducation workshops (stress management, coping strategies)	Psychologists and Mental Health Educators	2–3 hours	PHP 2,500–3,000 per person
Fatalistic-based Intervention	To provide trauma-informed psychological support, especially for those with fatalistic-based experiences	Individual and group counseling (trauma-informed therapy, cognitive behavioral therapy)	Psychologists and Counselors	2–3 hours	PHP 1,500–3,000 per session
Egoistic-based Intervention	To strengthen social support and reintegration with social groups, especially for those with egoistic-based experiences	Family therapy and peer support groups through group therapy	Psychologists	2–3 hours	PHP 5,000–8,000 per program
'Kumustahan' Sessions	To provide continuous mental health support and promote long-term recovery	Monthly mental wellness check-ins	Psychologists	at least 1 hour	PHP 1,000 per session

strategies. Due to the absence of altruistic cases, only anomic-, fatalistic-, and egoistic-based interventions were included. Although no significant differences were found between classifications in terms of their severity and the level of the measured subscales, a type-specific approach is still justified because the types differ in nature and their triggers, and reflect distinct psychosocial contexts. For instance, individuals who experienced fatalistic factors may have encountered abuse and violence, and addressing these triggers with family repair interventions is not suitable and is deemed ineffective. The tailored design, therefore, guides the content focus of interventions rather than indicating differences in the overall severity of future risk.

The program should begin with an immediate comprehensive mental health screening post-deployment to identify individuals still at risk (particularly at moderate to severe risk) through a psychological assessment. The suicide classification and type may be identified during the process, which would aid in tailoring an individualized approach for the Filipino domestic workers. After the screening, mental health interventions must be immediately and urgently provided, given the time-sensitive aspect of this matter. The type of intervention to be provided

would depend on their psychological assessments, specifically depending on the type of attempt or the condition they were subjected to, and on the discretion of a professional psychologist.

For Filipino domestic workers with anomic-based experiences, psychoeducation workshops are recommended. Since anomic suicide stems from social instability due to an individual's lack of capability to adjust to changes, having Filipino domestic workers undergo psychoeducation workshops tackling stress management, coping strategies, and adaptation to major change is proposed. Brief psychoeducational interventions combined with structured follow-up have shown benefits among individuals with a history of suicide attempts, supporting the inclusion of coping-oriented education within a broader suicide-prevention program [37]. Acquiring serious health conditions is a major change that disrupts balance in one's life, therefore classified as an anomic factor. This supports the idea that psychoeducation workshops are essential in decreasing risk among Filipino domestic workers with anomic-based experiences.

For Filipino domestic workers with fatalistic-based experiences, including those who attempted suicide due to abuse, violence, or extreme occupational

exploitation, it is recommended to provide them with individual and group counseling, which can include trauma-informed therapy and cognitive behavior therapy. Individual counseling provides a private and safe space for Filipino domestic workers to process distress and allows more opportunities for a deeper understanding of their experiences and feelings. On the other hand, group counseling involves more than one client in the process, wherein interaction with those who experienced the same occurs. This setup helps individuals to reduce the sense of isolation and to let them feel that they are not alone. In both of these setups, trauma-informed therapies and/or cognitive behavior therapy may be provided. Trauma-informed therapy is often used to address mental health conditions that involve trauma as the etiologic agent. In relation to this, cognitive behavioral therapy (CBT) is a structured, goal-oriented psychotherapy that employs behavioral and cognitive strategies, particularly exposure, cognitive restructuring, and coping skills development [38]. It is known to reduce the symptoms of posttraumatic stress disorder (PTSD), which is a frequent result of most fatalistic factors. According to Kar [39], CBT is an effective treatment for acute and chronic PTSD, following a range of traumatic experiences. Overall, it is recommended to address fatalistic-based experiences with the aforementioned strategies.

For Filipino domestic workers with egoistic-based experiences, including those who attempted suicide due to emotional distance from loved ones and lack of belongingness to their societal groups, it is recommended to provide them with family therapy and peer support groups through group therapy that would address the damage of egoistic factors on their mental health stability. Family therapy focuses on improving interfamilial relationships [40]. According to Jimenez et al. [41], higher family cohesion and healthier parental practices were observed after participants underwent family therapy, implying its effectiveness in reducing emotional distance between family members. Moreover, informed consent from the individual for the participation of their family members is considered. If they are unwilling, alternate interventions will be provided, such as group therapy together with other individuals who share the same experience as them. Group therapy involving peer support groups involves a small group of people with similar struggles, facilitated by a mental health professional [42]. It is a known approach to helping individuals reduce the sense of loneliness and

isolation.

Lastly, after undergoing their respective intervention, monthly '*Kumustahan*' sessions will be done to provide continuous mental health support, ensuring that their well-being is regularly monitored, and any potential suicidal ideation/risk is promptly detected. This involves regular check-ins for Filipino domestic workers, wherein they are asked about their current emotional well-being, social relationships, and coping mechanisms. Professionals have emphasized the importance of regular check-in sessions, as this can allow an individual to reflect on their mental health, develop self-awareness, and recognize any changes before they escalate into more significant concerns [43]. This follow-up component also allows for gathering feedback for the interventions, evaluating the outcomes of the program, and identifying any areas for improvement in future implementations.

5 Conclusion

Based on the findings, the majority of the cases were associated with regulation-based reasons, particularly anomic and fatalistic in nature. Severe suicidal risk was still evident among female Filipino domestic workers during the post-deployment phase. Both regulation imbalance and integration imbalance were identified as significant contributors to suicidal attempts abroad, with the predominance of egoistic mechanisms within the integration-based cases. Altruistic suicide was not observed among the population. No statistically significant differences were observed between the integration-based and regulation-based groups in any of the four SPS subscales or in overall suicidal risk.

Furthermore, findings underscore that suicide among female Filipino domestic workers may be better understood by considering the role of social systems surrounding them. As part of a collectivist Philippine society, domestic workers are socially integrated with interconnected systems involving family responsibilities, economic expectations, labor conditions, and institutional support mechanisms. These circumstances influence them to fulfill their roles as providers, caregivers, and sources of financial stability, and eventually affect their decision to work abroad. These responsibilities contribute to integration-based and regulation-based factors, which can lead to difficulties in maintaining interpersonal relationships and adapting to major changes in the environment or society. Experiencing limited social support and challenges in reconnecting with their loved ones during post-deployment may contribute

to feelings of isolation, hopelessness, and emotional distress. In addition, workplace conditions such as lack of support, exploitation, and violence may further intensify the said vulnerabilities. Therefore, suicide among female Filipino domestic workers should not only be viewed as an individual concern but also as a crucial matter influenced by the interaction between the individual, family, community, and institutional systems.

Correspondingly, a mental health program is recommended to avoid or reduce further cases of potential suicide among Filipino domestic workers. At their return, Filipino domestic workers should undergo immediate mental health screening and specific therapies/activities to determine and address suicidal risk as soon as possible, respectively. A tailored approach is deemed appropriate for increased effectiveness, instead of generalized approaches that mostly miss case-specific factors that need to be addressed. The interventions recognize the social environments they were exposed to and the importance of strengthening family support, reconnection, and improving access to mental health services.

To address the limitations of this study, the researcher recommends that future researchers conduct a large-scale study to cover a more diverse set of Filipino domestic workers, specifically in terms of their demographic profile, since there was an absence of male participants in the study. A limited sample size and demographic diversity (in terms of sex) may subject the results to sampling bias and restricted generalizability. In addition, the archival dependency of this study posed as one of its limitations, because the collected data may have insufficient or missing information, compromising the reliability of the results. Furthermore, a longitudinal or mixed-method study is recommended to acquire a deeper understanding of the qualitative aspect of suicide among the population. The researcher mainly recommends that the Overseas Workers Welfare Administration (OWWA) should recognize that returning domestic workers with a history of suicide attempts are still at risk even during the post-deployment phase. This highlights the criticality of the situation of suicide among domestic workers. Issues that occurred during their overseas contract must be resolved and addressed to prevent any future relapses of suicidal ideation as much as possible. The OWWA must help to aid in the mental distress brought about by integration-based (egoistic) and regulation-based (anomic and fatalistic) causal factors

by funding the necessary mental health programs for the affected individuals.

Moreover, it is also important to consider that practical challenges may be encountered in terms of the capability of the OWWA in providing sufficient funds, staffing, and regional accessibility. To address these concerns, several potential solutions are recommended. In terms of funding, the OWWA may collaborate with other government agencies, such as the Department of Health (DOH), the Department of Migrant Workers (DMW), and the Department of Social Welfare and Development (DSWD), to raise funds and properly allocate the budget. In terms of staffing and regional accessibility, the OWWA may coordinate with psychological centers and clinics in the country, as well as the Psychological Association of the Philippines (PAP), to mobilize trained volunteer psychologists/therapists across different regions, and may also allocate a budget for training more mental health professionals in accommodating distressed Filipino domestic workers.

In general, the OWWA must be more intentional in providing aid to mentally distressed individuals still at risk, rather than just having them undergo simple psychosocial counseling and receive financial aid, because Filipino domestic workers deserve not just band-aid solutions and temporary relief, but a long-term, comprehensive mental health support that safeguards their lives and dignity.

Data Availability Statement

Data will be made available on request.

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Conflicts of Interest

The first author had a professional consultancy relationship with the clinics from which the archival records were obtained. The clinics had no role in the study design, data analysis, interpretation of findings, or decision to publish.

AI Use Statement

The authors declare that no generative AI was used in the preparation of this manuscript.

Ethical Approval and Consent to Participate

This study involved the retrospective analysis of existing archival psychological records and did not involve direct recruitment, intervention, or contact with the individuals whose records were reviewed. Formal permission to access the archival records for research purposes was obtained from the authorized heads of the participating clinics. The records were used solely for secondary research analysis. To protect privacy and confidentiality, all records included in the research dataset were de-identified, and no names, contact information, identification numbers, employer information, or other personally identifiable information were included in the analysis or reported in the manuscript. Access to the records was restricted to authorized research personnel, and confidentiality was maintained throughout data collection, analysis, and reporting. The study followed the ethical principles applicable to archival research and the protection of confidential psychological information as set forth in the Code of Ethics for Philippine Psychologists of the Psychological Association of the Philippines. Because the study relied exclusively on existing archival records and involved no direct interaction with the individuals concerned, no additional informed consent was obtained for the present analysis.

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Appendix

A. Inter-Rater Reliability

Case	Cause of Suicide Attempt	Psych. #1	Psych. #2	Psych. #3	Coefficient
1	Her family was unwilling to grant her custody of her children	EGOISTIC	EGOISTIC	ANOMIC	0.67
2	Adultery committed by her husband	ANOMIC	ANOMIC	ANOMIC	1.00
3	Experienced abuse	FATALISTIC	FATALISTIC	FATALISTIC	1.00
4	Altercation with their oldest son	ANOMIC	EGOISTIC	EGOISTIC	0.67
5	Experienced abuse from her husband	FATALISTIC	FATALISTIC	FATALISTIC	1.00
6	Termination of contract rumor	ANOMIC	ANOMIC	ANOMIC	1.00
7	Sadness over the death of her aunt	EGOISTIC	EGOISTIC	EGOISTIC	1.00
8	Problems with their partner and siblings	EGOISTIC	EGOISTIC	ANOMIC	0.67
9	Experienced abuse from her employer, including deprivation of food	FATALISTIC	FATALISTIC	FATALISTIC	1.00
10	Infidelity	ANOMIC	ANOMIC	ANOMIC	1.00
11	Experienced sexual violence	FATALISTIC	FATALISTIC	FATALISTIC	1.00
12	Repeated sexual violence by her male employer	FATALISTIC	FATALISTIC	FATALISTIC	1.00
13	Sexual violence by her employer	FATALISTIC	FATALISTIC	FATALISTIC	1.00
14	Argument with her partner online	ANOMIC	EGOISTIC	ANOMIC	0.67
15	Jealous behavior toward her boyfriend	ANOMIC	EGOISTIC	ANOMIC	0.67
16	Experienced assault	FATALISTIC	FATALISTIC	FATALISTIC	1.00
17	Experienced sexual violence	FATALISTIC	FATALISTIC	FATALISTIC	1.00
18	Experienced employer maltreatment, including food deprivation	FATALISTIC	FATALISTIC	FATALISTIC	1.00
19	Marital problem, employer abuse	FATALISTIC	FATALISTIC	FATALISTIC	1.00
20	Family problems, especially with her spouse	EGOISTIC	EGOISTIC	ANOMIC	0.67
21	Sexual violence by her employer's brother	FATALISTIC	FATALISTIC	FATALISTIC	1.00
22	Marital problems; experienced adultery	ANOMIC	ANOMIC	ANOMIC	1.00
23	Distressed by her employer's excessive jealousy; engaged in self-harm to force repatriation	FATALISTIC	FATALISTIC	FATALISTIC	1.00
24	Was unable to communicate freely with their family and friends due to limited use of mobile phones	FATALISTIC	FATALISTIC	FATALISTIC	1.00
25	Sexual violence by her employer's son	FATALISTIC	FATALISTIC	FATALISTIC	1.00
26	Deprivation of communication with her children by her ex-husband	EGOISTIC	EGOISTIC	FATALISTIC	0.67
27	Was overworked	FATALISTIC	FATALISTIC	FATALISTIC	1.00
28	Restricted from communicating with her family	FATALISTIC	FATALISTIC	FATALISTIC	1.00
29	Adultery of her spouse	ANOMIC	ANOMIC	ANOMIC	1.00
30	Deprived of liberty due to being locked/isolated by their employer	FATALISTIC	FATALISTIC	FATALISTIC	1.00
31	Experienced employer maltreatment, including food deprivation and overworking	FATALISTIC	FATALISTIC	FATALISTIC	1.00

Case	Cause of Suicide Attempt	Psych. #1	Psych. #2	Psych. #3	Coefficient
32	Sexual violence by her employer	FATALISTIC	FATALISTIC	FATALISTIC	1.00
33	Experienced food deprivation by the employer and overworking	FATALISTIC	FATALISTIC	FATALISTIC	1.00
34	Adultery of their spouse	ANOMIC	ANOMIC	ANOMIC	1.00
35	Infidelity of their fiancée	ANOMIC	ANOMIC	ANOMIC	1.00
36	Their father was arrested	ANOMIC	EGOISTIC	ANOMIC	0.67
37	Was physically abused by their employer's daughter and sexually assaulted by their employer's son	FATALISTIC	FATALISTIC	FATALISTIC	1.00
38	Lack of emotional support	EGOISTIC	EGOISTIC	EGOISTIC	1.00
39	Emotional distance from their child resulting in loneliness	EGOISTIC	EGOISTIC	EGOISTIC	1.00
40	Lack of emotional support	EGOISTIC	EGOISTIC	EGOISTIC	1.00
41	Relationship breakdown leading to loss of support system	EGOISTIC	EGOISTIC	EGOISTIC	1.00
42	Lack of emotional support	EGOISTIC	EGOISTIC	EGOISTIC	1.00
43	Lack of emotional support	EGOISTIC	EGOISTIC	EGOISTIC	1.00
44	Lack of connection with their family	EGOISTIC	EGOISTIC	EGOISTIC	1.00
45	Emotional distress due to separation from children and parental guilt	EGOISTIC	EGOISTIC	EGOISTIC	1.00
46	Emotional burden from the lack of emotional support	EGOISTIC	EGOISTIC	EGOISTIC	1.00

B. Coding Manual for Suicide Classification Based on Durkheimian Typology

Suicide Type	Criteria
Egoistic	Statements reflecting social isolation, social/emotional detachment, and loneliness
Altruistic	Statements reflecting self-sacrifice for others, escape from humiliation of defeat, martyrdom, restoration of honor, and adherence to cultural beliefs
Anomic	Statements reflecting economic insecurity, social crises, disruption in personal life, and family discords
Fatalistic	Statements reflecting excessive regulation, rules, forces of oppression, and repressive discipline



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