

## The Predictive Measurement Tool (PME) in the Hungarian prison service

### Lo strumento di misurazione predittiva (PME) nel sistema penitenziario ungherese

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#### Abstract

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The Hungarian Prison Service operates a risk analysis and management system for the purpose of assessing, evaluating and managing the risks of recidivism and detention of convicted persons. The most important device of the KEK system is the so-called predictive measurement tool (in Hungarian known as PME), which conducts an assessment in order to facilitate the complex process of successful reintegration of convicted persons, the essence of which is to predict the probability of occurrence of certain risks using statistical and professional tools. In Hungary, in this process, the assessment is followed by treatment, with targeted, standard programs and the use of a so-called category system. In this study we will show how this tool works and why we consider it to be particularly effective in terms of reintegration.

Keywords: prison; risk analysis; reintegration; Hungary; convicted person.

#### Sintesi

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Il servizio penitenziario ungherese gestisce un sistema di analisi e gestione dei rischi allo scopo di valutare, analizzare e gestire i rischi di recidiva e detenzione delle persone condannate. Il dispositivo più importante del sistema KEK è il cosiddetto strumento di misurazione predittiva (noto come PME in lingua ungherese), che effettua una valutazione al fine di facilitare il complesso processo di reinserimento delle persone condannate, la cui essenza consiste nel prevedere la probabilità che si verifichino determinati rischi utilizzando strumenti statistici e professionali. In Ungheria, in questo processo, la valutazione è seguita dal trattamento, con programmi mirati e standardizzati e l'uso di un cosiddetto sistema di categorie. Nel presente studio presenteremo il funzionamento di questo dispositivo, nonché le ragioni per cui viene considerato particolarmente efficace in termini di reintegrazione.

Parole chiave: carcere; analisi dei rischi; reinserimento; Ungheria; persona condannata.

## 1. About the Risk Analysis and Assessment System in Hungary

The Hungarian Prison Service operates a risk analysis and assessment system (in Hungarian known as KEK system) for the purpose of assessing, evaluating and managing the risks of recidivism and detention of convicted persons. The purpose of the KEK system is to increase the effectiveness of the penal system, to promote successful reintegration, identify, analyze and manage individual risks of recidivism and detention by motivating and maintaining the motivation of prisoners, and reduce the number of reoffenders. The elements of the KEK system in Hungary are defined in Section 29(2) of Decree 16/2014 (Ministry of Justice, 2014 - Decree 16/2014. XII.19.) IM (hereinafter: IM Decree) on the detailed rules for the enforcement of imprisonment, detention, pre-trial detention and detention in lieu of a fine (Kovács & Christián, 2018).

The most important tool of the KEK system is the so-called predictive measurement tool (in Hungarian known as PME), which conducts an assessment in order to facilitate the complex process of successful reintegration of convicted persons, the essence of which is to predict the probability of occurrence of certain risks using statistical and professional tools. In Hungary, in this process, the assessment is followed by treatment, with targeted, standard programs and the use of a so-called category system. So, the Predictive Measurement Tool is technically a software program and, as such, provides a clear framework for collecting the data that forms the basis of the risk assessment and for displaying the risk levels based on the answers to the questions. Four different departments of the prison institutions are involved in the risk assessment, during which they independently interview prisoners and enter the data into the PME system. Although the four departments enter the data into the same software, technically they ask four different sets of questions to the prisoners (Somogyvári, 2024).

The PME is thus a questionnaire used to predict the expected behavior of prisoners through statistical tools, which also includes an admission (intake) interview. Its purpose is to obtain standard information that can assist professional work. Each questionnaire is asked to prisoners by a different professional field and the answers are recorded on a computer program. When completing the questionnaire, it is important to keep in mind that reliability of data is of paramount importance. Accordingly, each answer must always be provided from the most reliable source available (e.g., court judgment). In the absence of reliable data, the interviewer's subjective opinion or doubts about the truthfulness of the answer cannot override the prisoner's answer. Therefore, it is not the interviewer's opinion of the correctness or truthfulness of the answer that should be recorded, but the prisoner's answer to the question. If the interviewer has doubts about the authenticity of individual answers, there is a space in the final section of the questionnaire for this, which asks about the interviewer's subjective impressions.

The questions in the questionnaire should be interpreted, which means that they should be adapted to the situation, asked in accordance with the prisoner's abilities, and the answers given by the prisoner should be entered into the predefined answer options. The individual blocks of questions seek to inquire about the risks under investigation. At the same time, it should be noted that there may be questions to which the inmates' answers may conceal quite different risks (e.g., in the case of professional qualifications, which, depending on the profession, may be a factor that either reduces or increases the likelihood of escape). There are examples and counterexamples for everything, but we cannot address these exceptions in a questionnaire that is used as a standard predictive measurement tool; accordingly, we would like to explore the generalities. The value obtained after assessing each risk is not evidence. Respondents in certain fields have the opportunity to correct the

risk level, regardless of the values obtained, by evaluating the elements of the given situation and the personality of the prisoner as they know it, which we cannot ask about in a targeted manner in the questionnaire. A significant proportion of prisoners are unlikely to disclose information that is detrimental to them, but others are likely to do so; the questionnaire focuses on the latter group.

The PME questionnaire targets the following risk groups:

- self-harm, suicide;
- escape;
- aggression towards staff or aggression towards inmates;
- use of psychoactive substances;
- low status in subculture or high status in the subculture.

Some questions in the PME questionnaire should only be asked upon initial admission, while others will be asked again at certain intervals. Sections that ask for subjective, summary opinions are marked separately.

## **2. Implementation of the predictive measurement tool in daily prison work**

The uniform KEK system accompanies the convict from the beginning to the end of their imprisonment, providing information on the degree of risk of reoffending and the likelihood of law-abiding behavior during the period of imprisonment. The essence of the analysis is that the identified risks provide an opportunity for intervention (treatment), which requires the provision of a targeted treatment program. As a result of the interventions, a reduction in the level of detention risk and an increase in the effectiveness of reintegration can be expected.

For newly admitted prisoners, the PME questionnaire must be completed by the prison in which the prisoner will serve the prison sentence on which admission is based. Furthermore, if the PME has already been completed (from previous judgement and executions), its content only needs to be reviewed.

The prisoner is obliged to cooperate in the procedures for assessing the risks of recidivism and detention. The risk analysis is based on a general questionnaire covering four areas (registration, reintegration, health, and psychology) relating to prisoners, which records and stores in a database the information that is typically available and currently accessible at the time of admission.

The questionnaire is recorded in an internal electronic registration system (Fónix3 System) and, specifically, in a risk analysis and assessment module, which, in addition to recording and managing data, functions as a decision support IT system. The significance of the PME lies not only in the assessment and analysis of detention risks, but also in ensuring the flow of information between specialist areas by providing uniformly accessible data of the same scope (Bogotyán et al., 2024).

Using the answers to specific questions in the reintegration and registration sections, the PME creates an admission data sheet that collects the most important information revealed during the admission process. If a sentenced prisoner is transferred to another prison, it is not necessary to complete the PME questionnaires again, but the data collected at the previous prison must always be reviewed as part of the intake procedure.

The following is a detailed presentation of the question groups for each of the four areas of expertise.

### **2.1. The role of the Registration Department in PME questionnaire**

The Registration Department has the most easiest job regarding the PME, because most of the information the department is working with is from objective documents: court orders, conviction acts, police information, prosecutor documents, school certificates, etc. So, in relation to information on criminal history, the registration department's area of expertise is to collect objective data. As I mentioned earlier, the Hungarian Prison Service has an official internal electronic system, called the Főnix3 system, and the answers to most of the questions about a prisoner are taken from this register. As part of the admission procedure, the registration department must ask the convicted person questions that are not covered by the Főnix3 system. It is important to know that the data for the PME must be recorded within eight days of prisoner's arrival at the prison facility. Information and data that are not available within the above deadline must be entered into the PME immediately after they become known.

### **2.2. The role of the Reintegration Department**

The reintegration module of the questionnaire is designed to assess, among other things, the prisoner's demographic data, lifestyle, harmful addictions, social background, financial situation, personality traits, education, employment, and social contacts. These questions are asked by the prisoner's reintegration officer. Some questions may not be understandable to prisoners, in which case they should be explained to them. Some of the questions relate to the prisoner's own opinions, which should be recorded verbatim. In all such cases, we are interested also in the interviewer's subjective opinion, even if it contradicts what the prisoner has said previously. These opinions can be filled in a separate module at the end of the questionnaire, as they may be particularly important for the subsequent assessment and risk analysis.

The risk assessment of the convicted person (PME recording) must be carried out also during the admission procedure, within eight days of placement in the reception unit. Every prison has a reception or intake unit: when a prisoner arrives to a prison and he or she previously was not held in that prison, he or she must be placed in the reception or intake unit, so he or she can learn the rules of the prison, and also the prison can learn about the newcomer. This period could last up to 15 days.

The convicted person must be present in person to complete the reintegration part of the PME questionnaire. In the reintegration module, the following question topics are used to gather information about the prisoner and assess their motivation:

- life events, social relationships;
- upbringing, education;
- employment and financial situation;
- housing;
- criminality, antisocial values, adaptation;
- substance use and addictions;
- leisure time, interests, reintegration;
- law enforcement history and foreign connections.

As an example, we highlight a few questions from the reintegration module:

- question: “Marital status?” – The respondent may not understand the term “marital status” or may not interpret its meaning correctly. Therefore, we recommend that the respondent consider the answer to the question and, if necessary, ask a clarifying question (suggestion: “Are you married or just living together?”);
- question: “Where did you live before you were admitted?” – Here we are interested in the place of residence of the prisoner before they were admitted to the institution, i.e. the place where the prisoner habitually resided before their admission;
- question: “Are you under guardianship or custody?” – This question aims to determine whether the prisoner was raised by their own parents or whether they were ever placed under guardianship or custody (for any length of time). The question may not be clear to the prisoner, but anyone who has been under guardianship will probably understand the meaning of the word, so if the respondent is not familiar with the concept, the answer “no” should be selected based on the above assumption;
- question: “Did you participate in competitive sports?” – The aim is to find out whether regular competitive sports activities were a feature of the prisoner’s life, but it is possible that the prisoner is not familiar with the concept of “competitive sports”. Competitive sports refer to athletes who are registered in a club and compete regularly under the colors of an association;
- question: “Do you smoke? Have you quit? If so, how severe were the symptoms?” – This question applies to prisoners who have tried to quit smoking. If the respondent has attempted to quit several times, it is necessary to assess how severe the withdrawal symptoms were during the most recent attempt;
- question: “Have you been in prison in the last five years, and if so, were you employed?” – From a reintegration perspective, the work experience gained by prisoners in prison is essential, and this question is designed to measure this. The question asks the prisoner to answer for the five years prior to the time of completion, including their current sentence. We believe that data older than five years is not relevant to this question, which is why we have narrowed down the time frame. However, if the prisoner does not remember the period five years ago accurately, we should simplify the question to the last few years from the time of recording;
- question: “What is your opinion of prison work?” – The aim is to find out the prisoner’s attitude towards prison work, i.e. to what extent they consider it a compulsion or a good opportunity. The prisoner may mention wages as an advantage of prison work; we have not created a separate category for this, so this answer should be recorded in the “good opportunity” category;
- question: “Do you think complete alcohol withdrawal will be a problem for you?” – We would like to obtain information on how difficult it will be for the prisoner to abstain from alcohol in prison. The interviewer should consider the information provided and, if it is not sufficient to answer the question, ask further questions about the amount of alcohol consumed, the types of drinks consumed, and other characteristics of consumption. The purpose of the question is to find out how alcohol-dependent the respondent is and how much of a problem (security risk, possible involvement in extraordinary events, health consequences) alcohol withdrawal will be for them;
- question: “If so, how has the frequency and amount of consumption changed?” –

In the case of prisoners whose drug consumption has changed over the years, in terms of either quantity or frequency, it is important to know in which direction the change has occurred. If either factor, i.e. the frequency or quantity of drug consumption, has increased, the answer “increased” should be marked;

- question: “How much do you fear the following in prison: deterioration of physical condition, emotional abuse by fellow inmates, and psychological terror; lack of material goods and various services and opportunities available in free life; loss of outside assets, business connections, and job opportunities; being ordered around by prison staff?” – The purpose of this question is to find out how much the prisoner fears the occurrence of the events listed and how they view their situation in prison;
- question: “Have you experienced any trauma, crisis, or loss in the past six months? Is there anything among these that you would like to resolve?” – This question applies to prisoners who have experienced a traumatic, crisis-inducing event in the past six months. The aim is to find out whether the respondent intends to resolve this difficulty or problem. The answer “cannot be resolved” should only be recorded if the prisoner has indicated an event that is difficult or impossible to resolve (e.g. a death). However, if the answer “cannot be resolved” only reflects the prisoner’s current distress and pessimism, it is recommended to explore the question more thoroughly to find out whether they actually want to resolve the problem;
- question: “Before you were incarcerated, how did you support yourself?” Alternative question: “Where did you get your money from? / What was your source of income?” – The interviewer should not automatically record the answer, as the prisoner may not be fully aware of the meaning of the terms listed, so it is necessary to clarify the nature of the employment relationship by asking leading questions (“How regularly did you work?”, “Who did you receive your money from and in what form?”, etc.);
- question: “Would you take advantage of any of the following opportunities at the institution: craft clubs, art classes, other cultural activities, sports clubs? Explain what activities take place in each of these.” – The aim of this question is to assess how the prisoner would spend their free time in prison.

Regarding reintegration, the form compiled by the PME contains the information that the reintegration officer needs to gather in order to get to know the prisoner. After assessing and evaluating the individual risks, the reintegration officer must work with the prisoner to draw up an individualized detention program plan (in Hungarian known as EFP) within five days, which also includes options for managing the identified risks.

When compiling the individualized detention program plan, the prisoner's reintegration needs and social situation, as well as the risk factors that threaten the order and security of detention, must be taken into account to ensure the effectiveness of risk management. Risk management covers the entire period of imprisonment, and its individual elements may be modified depending on the performance and results of the prisoner (Bálint & Tóth, 2023).

### **2.3. Healthcare questionnaire in the PME**

The healthcare questionnaire is based on objective data as well and assesses the health status of prisoners and the resulting risks. The health module of the PME therefore focuses on the prisoner’s illnesses, disabilities, medication, and other characteristics of their health

status.

The questionnaire must be completed within 72 hours of admission, based on a physical examination and medical history taken by the admitting physician (Havasi, 2024). Prisoners with data indicating a potential health crisis are admitted to healthcare unit on a priority basis.

Most of the questions are self-explanatory, but in some cases the individual answer options or categories require further explanation and clarification to assist in completing the form. Based on the answers received, the health module classifies the prisoner into one of the following categories answering two key issues: “What is the prisoner's state of health? Do they have any known illnesses, and if so, what are they?”.

PME final categories:

1. completely healthy: no major known illnesses;
2. limb or sensory organ deficiency: absence of a limb or sensory organ, or at least 50% functional impairment (this includes persons with prosthetic limbs, limbs damaged or amputated proximally from the first major joint, visually impaired or hearing-impaired patients; this does not include the absence of 1-4 fingers or toes, or a functional impairment of the limbs or sensory organs not exceeding 50%);
3. severe cardiovascular or pulmonary disease (at least one hospitalisation): known severe cardiovascular or pulmonary disease requiring at least one hospitalisation in the past two years (including myocardial infarction, moderate or severe COPD, hypertension that is difficult to control with medication, diabetes with cardiovascular complications, pacemaker; not including drug-treated, stable hypertension, mitral valve prolapse, mild bronchial asthma or COPD);
4. moderate or severe musculoskeletal or musculoskeletal disease (rheumatoid arthritis, Bechterew's disease);
5. other, progressive, longer-term illness: other progressive, difficult to treat and highly likely to be fatal, long-term diseases or conditions (nephrosys syndrome, multiple sclerosis, tumor diseases, progressive autoimmune diseases, amyotrophic lateral sclerosis, degenerative nervous system diseases);
6. major psychiatric disorders (including schizophrenia, schizoaffective psychosis, bipolar disorder, paranoid disorders, severe personality disorders, unipolar depression; not including anxiety disorders, neuroses, adjustment disorders, conversion disorders);
7. substance dependence in the medical history (including alcohol or drug dependence, pathological gambling; not including smoking, occasional alcohol or drug use);
8. other chronic illness or physical disability (includes conditions and illnesses not listed above, as well as illnesses that fall under one of the above categories but do not meet the above criteria in terms of severity).

As an example, we highlight a few questions from the health module:

- question: “Is the prisoner taking any medication?” – Regular parenteral medication refers to, for example, insulin-dependent diabetics, COPD patients regularly using inhaled steroids, patients undergoing interferon treatment, etc.;
- question: “Are there any noticeable, visible, distinctive marks on their body (e.g. wounds, surgical or other scars, tattoos, noticeable moles, etc.)?”, “If so, what are they and where are they located?” – Distinctive marks may include tattoos,

wounds, scars, moles, warts, or other marks.

When determining the location, the following categories should be used: head, face, ear, forehead, eye area, neck, chest, abdomen, back, shoulder, waist, upper arm, forearm, hand, fingers, groin, buttocks, thigh, lower leg, foot, other.

When describing a distinctive mark, the respondent should specify its exact location (right foot, left side, ring finger, etc.), size, and pattern.

#### **2.4. Psychological questionnaire in the PME**

Every prison in Hungary has at least one psychologist, but the large prisons have a whole department of psychology in their institution with 2-8 psychologists for the inmates and personnel.

The questions on psychological issues from the PME aim at assessing the risks of detention and recidivism as well, but also the state of mind and soul of the prisoner. These questions must be completed also within eight days after admission. The convicted person must be present in person to answer these questions in each section of the psychological questionnaire. The question topic groups in the questionnaire are as follows:

- life events, coping;
- psychiatric history;
- suicide, self-harm;
- psychoactive substance use;
- antisocial attitudes, aggression;
- goals, vision for the future;
- individual assessment.

Prisoners with data indicating a potential crisis will be consulted by a psychologist on an out-of-turn basis.

Here are some examples of questions and explanations regarding this type of issues:

- question: “Have you ever been under psychiatric or psychological treatment?” If yes: “When, why, how many times?” – Many lay people do not know the difference between a psychiatrist and a psychologist, which is why both are included in the question. The question is aimed at determining whether the respondent required regular treatment for psychological problems. If the prisoner visited a psychologist, it is worth clarifying what specific problem was behind this and whether it was indeed therapy;
- question: “Were you under the care of a psychiatric ward?” – We probably already know the answer based on the above question, so we only need to clarify if any information is missing. That is, we need to ask: “What was your relationship with the treatment staff like?”. The purpose of the question is to find out whether the patient was able to adapt to the conditions of the closed ward or whether they were considered a problematic patient. In this case, “problematic” means that with some cooperation, conflict with the staff could have been avoided. Cases resulting from a state of ecstasy or helplessness do not fall under this category. The question can also be phrased as follows: “Did you get along well with the nurses and doctors?”, “Were you satisfied with the hospital care?”. Some people start listing the reasons why they sued the hospital or why they turned to another attending physician, so



conflicts may surface in the answer;

- question: “How was your relationship with your fellow patients?” – This question helps us assess how well the prisoner was able to integrate into a forced community in the past;
- question: “Were you placed in a healing-therapeutic ward?” – This question is only relevant for prisoners who have been in prison before. The name has changed, so those who are not familiar with it may know it as a “healing-educational group”. Their integration can be well inferred from whether they were transferred from the healing-therapeutic ward. If not, and they remained in the group until their release, then it can be assumed that they were justified in being there and were able to behave appropriately. If they were transferred, this may indicate that they failed to integrate into the group or that there were repeated conflicts;
- question: “Have you attempted suicide?” If yes: “Where did it happen?”, “How many times in total?”, “When was the last suicide attempt?”, “What was the trigger?”, “How did it happen?”, “How serious was it?” – The question can also be phrased as “Have you ever tried to kill yourself?”. Generally, they do not object to the question. Be prepared for the possibility that the prisoner will answer yes, but later, when asked more detailed questions, it will become clear that they were referring to self-harm. In this case, it is necessary to clarify whether the act was intended to end their life, as this distinguishes attempted suicide from self-harm, regardless of severity;
- question: “Are you currently having suicidal thoughts?” If yes: “What is the reason for this?”, “Are you thinking about killing yourself these days?”, “Are you thinking about it right now?” – It’s worth asking follow-up questions to get to the bottom of this, because manipulative inmates might say yes to get special treatment. The collective category of “closed institutional conditions” includes everything related to prison life, such as admission itself, separation from family, uncertainty associated with pretrial detention and charges, the sudden disruption of one’s previous lifestyle, but it can also include serious conflicts with cellmates, abuse, and victimization. If they do not shut down, we can ask them about the details, and they may tell the psychologist something they have not dared to share with anyone else;
- question: “Have you ever intentionally harmed yourself physically?” “If so, where did it happen?” – Since self-harm is a completed act, it is not appropriate to talk about attempts. Instead, ask: “Have you committed self-harm before?”, “Have you intentionally caused yourself injury?”. We are interested in whether you have ever hurt yourself, not in an attempt to commit suicide, but to cause pain or attract attention. We can be more specific and say that we are referring to cutting, blade swallowing, and the like, thus clarifying the question. If this question reveals that the cuts mentioned in the suicide attempt actually belong here, then the answers need to be corrected;
- question: “If so, where did it happen, how many times, when, how, what was the trigger, and do you still think about it?” – The purpose of the question is to find out whether this behavior is characteristic of the person in a closed institutional setting or in their life outside;
- question: “Has anyone in your family committed (completed) suicide?” – If the answer is yes, ask whether the person died as a result of the attempt. Record any attempts that resulted in death;

- question: “Do you consume alcohol?”, “If so, how often, what kind, what effect does it have on you, have you ever drunk it with medication? etc.” – If they do not know what we mean, provide examples. Some people do not know what “alcohol” is, they only know beer, brandy, vodka, etc.;
- question: “Have you ever tried or used drugs?” If yes: “When, what kind, for how long, alone or in company, etc.?” – It may be necessary to define “drugs” because, for example, they do not consider marijuana to be a drug, or they do not consider intoxicating substances that are not yet prohibited by law to be drugs;
- question: “When you become tense or nervous, what do you do?” – If they do not understand the question, explain the situation using an example and then ask if they have experienced something similar;
- question: “Have you ever been so upset that you couldn’t control your emotions?” – The question is about aggression, so it does not count if, for example, they started crying because of a sad movie;
- question: “Have you ever verbally or physically abused a member of the staff?”, “If so, how?”, “How did you resolve the situation?” – Suggested simplification: “Have you ever been in a fight with guards?”, “Have you ever had a serious conflict with the supervisory staff?”. Only cases where you acted as the aggressor are relevant. Suggested explanatory question: “Did you only verbally abuse the person, or did it escalate to physical violence?”;
- question: “Have you ever been a victim of abuse while serving your sentence?”, “If so, how?”, “Please briefly describe such a situation!”, “Has anyone ever hurt you in prison?” – If they are very hesitant, you can reassure them that they can talk about it without fear of harm or disadvantage. We ask about the nature of the abuse, which may be indicative of their integration.

One of the most important issues in the psychological module is the assessment of personal responsibility. The PME assesses this as follows:

- question: “Please briefly explain why you are in prison now!” – The purpose of the question is to explore the following factors:
  - whether you believe that what you did was indeed a crime;
  - whether you feel remorse or shame about your actions;
  - whether you are related to the victim (this will be important later for maintaining contact);
  - whether they blame the victim or someone else or take responsibility for the crime.
- question: “What do you think about being in prison now?” – The purpose of the question is to assess attitudes toward crime and, in part, to explore any negative feelings about prison, such as whether it matters to them how their friends and family will view them after this, etc. On the other hand, do they feel at home, do they have friends, do they have a routine in prison? It can also be considered routine if a family member has been in prison and told them about it, because in this case they may feel that it does not come as a surprise. Those who have been conscripts (older men) usually mention that this situation is similar and can be endured. For young people or those who are shy, you can ask the general question: “What do you think about someone going to prison?” because they may be more honest in their answers about criminal attitudes if they do not have to talk about themselves;

- question: “What is your opinion about your current sentence/pre-trial detention?”  
– The purpose of this question is to find out whether they consider the punishment/detention to be fair, justified, and acceptable. Those who cannot accept it may experience a psychological crisis as a result and may also develop a resistant attitude towards the institution;
- question: “What are your current plans and goals?”, “What are your plans for your time in prison?” – It is worth allowing time for them to come up with an answer themselves. If, upon admission, they only list their plans for life after release, it is necessary to broaden their perspective to include prison and emphasize that it is important to have plans for the time spent in prison as well, because this will help them survive. During the follow-up interview, you can ask how well these goals have been achieved and what, if anything, has prevented them from achieving their goals;
- question: “What are your plans and goals after your release?” – The lack of a realistic vision for the future is a sign of depression. Unrealistic ideas carry the risk of disappointment and failure to reintegrate.

### **3. Overall assessment**

The PME automatically performs calculations related to detention risks, but due to its nature, it cannot provide a complete overview of the attributes of the convicted person that are relevant from a penal enforcement perspective, so it is justified to use other individual analysis tools as well. With this information in mind, the various fields of expertise may deviate from the detention risk values, i.e. they may modify the classification value given by the PME, either upwards or downwards. The convicted person must not be informed of the measured or modified detention risk values; the information provided should only cover which activities are recommended for him or her to participate in, in order to reduce the detention risk.

Based on the specialist assessments, the security risk analysis results in a classification that can be high, medium, or low, depending on the answers to the questions, the scores assigned to them, and the centrally determined score threshold.

The overall assessment is not based on the sum of the points awarded for the questions assessed by the specialist areas, but is aligned with the highest classification value of each specialist area.

After admission, no later than 15 days after placement in the receiving (intake) unit, the Admission and Detention Committee (in Hungarian known as BFB) organize a hearing where they talk to the convicted person. In this hearing the BFB decides on the prisoners’ placement (in general or special unit), employment (prison work), involvement in a reintegration program, education, training, and the level of detention risks based on the results of the PME (high, medium or low).

Furthermore, if necessary, based on the judgment and within the scope of its competence and jurisdiction, the BFB shall also decide on the initial category classification of the convict.

The risk classification system offered by the PME is categorical, as it operates with mutually exclusive indicators along the lines of detention risks; for example, low and high statuses in the prisoner hierarchy are mutually exclusive. The risk of detention is absolute

in the sense that it should not be determined based on comparison with prisoners in a given prison institution, department, or category.

For example, a low-status prisoner remains high-risk in terms of this detention risk even if he or she is placed with similar prisoners, and the classification of a prisoner with a high risk of escape does not change simply because he or she is placed in a more secure prison.

The BFB must inform the convicted person of the overall assessment level of the classification based on the individual detention risks in order to recommend participation in a reintegration program that reduces the risk of recidivism.

The situation assessed by the PME and the programs provided by correctional institutions make it possible to treat prisoners arriving at correctional institutions earlier, based on the risks identified, before their detention and/or other problems become more serious.

The BFB is responsible for enrolling prisoners in the reintegration program or terminating their enrollment, as well as for evaluating the effectiveness of their participation in the program (awarding/withdrawing credit points).

The BFB is also responsible for providing appropriate information and guidance to at-risk prisoner populations (such as juveniles, drug users, drug addicts, prisoners with low socioeconomic status, etc.). These prisoners are given appropriate information and guidance, and individual prisons place continuous emphasis on this when planning and implementing prisoner programs. In order to achieve reintegration goals, all interventions within the prison system aimed at preventing and treating aggression and drug problems within prison walls, mitigating anger management problems after release, and laying the foundations for a drug-free life should receive special attention and support.

#### **4. Programs to reduce the risk of recidivism based on the PME**

In Hungary, based on the data recorded in the PME and professional classification, prisoners classified as high or medium risk in terms of substance use, aggressiveness, and high or low position in the subculture, are offered the opportunity to participate in reintegration programs that reduce the risk of recidivism and incarceration after the admission procedure, upon placement from the reception unit. The individualized detention program plan of the convict must specify which detention risk reduction activities are recommended for them based on the unidentified risk.

Reintegration officers and social workers are trained by professionals and on 12-session programs aimed at reducing the risks of incarceration and recidivism.

Examples of such programs include activities promoting self-assertion (assertiveness), group activities to reduce aggression, activities to help prevent drug use, and activities to help reduce alcohol consumption problems.

In the Fónix3 Module, each prisoner has an individual data sheet. By opening the “Other Opinions” panel, the system makes available the opinions recorded so far about the prisoner, that are relevant from the point of view of risk analysis and risk management. Individual impressions during the PME recording can be recorded here, by every staff who got in contact with the prisoner during the PME process.

To write an extra opinion, the personnel only need to provide three additional pieces of information from a drop-down list:

- the position/field of expertise of the person recording the opinion;
- the status of the opinion, which can be draft, not final, or closed;
- the type of opinion (only opinion types related to psychological and reintegration opinions are available here; other opinions and notes can still be recorded in Fónix3).

Text also can be entered into the “Opinion text” field by typing or copying and pasting.

## **5. Conclusion**

The risk assessment tool used in Hungarian prisons is the PME, which is technically a software program and, as such, provides a transparent framework for collecting data that forms the basis of risk assessment and for displaying risk levels. The methodological logic of the domestic risk assessment system is very similar to the operating principles of systems used in other European countries. The questionnaire is essentially based on the prisoners’ self-reported answers, which are supplemented by specialist assessments. The system is therefore based on information known to the prisoner (e.g. crime data) or based on the prisoner’s self-report (Kovács & Christián, 2018).

As you could follow it above, four different departments within the prison system are involved in the risk assessment process. They interview prisoners independently of each other and enter the data into the Fónix3 system. The four areas of expertise therefore enter the data into the same software, but technically they use four different questionnaires for the prisoners.

The registration department provides data on the criminal background, previous and current imprisonment, such as sentence data and information on recidivism. It therefore primarily supports risk assessment with static data that can be extracted from the public registry and is derived from the nature of the crimes and the criminal career of the prisoner.

The reintegration area records data on the prisoner’s contacts, family background, education, employment and financial situation, housing conditions, and history of substance abuse and other addictions.

The health field provides information on general health and the presence of diseases, medication use, and a history of suicide or substance abuse based on medical records.

And the psychology questionnaire is the longest, collecting and evaluating information on psychiatric history, suicide, self-harm, psychoactive substance use, and the prisoner's antisocial attitudes and aggressiveness.

In line with the four different questionnaires for the four fields, the software has a modular structure, and, given the sensitive nature of the data, its authorization system has been developed at a complex, hierarchical level. For example, health data can only be viewed by healthcare personnel and is not accessible to anyone else. The risk assessment, i.e. the completion of the questionnaire according to the above modules, must be carried out for the first time when the prisoner is admitted, but in connection with certain events affecting detention (extraordinary incidents in prison, significant life events in the prisoner's life, etc.), the risk assessment must be carried out again. Based on the answers to the questions, a risk rating appears on the PME interface for each field of expertise, the value of which may be adjusted by the representatives of the respective fields based on professional decisions. The BFB decides on the level of the convict’s risk categories by summarizing

the results of the individual fields of expertise, which becomes the final risk rating of PME.

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