

Public perceptions of re-identification attacks

Ester Moher
Children's Hospital of Eastern Ontario
401 Smyth Rd
Ottawa, ON
emoher at ehealthinformation dot ca

Khaled El Emam
Children's Hospital of Eastern Ontario; Privacy Analytics,
Inc.
251 Laurier Ave W
Ottawa, ON
kelemam at ehealthinformation dot ca

1. INTRODUCTION

Re-identification attacks on data are generally viewed as negative events. Breaches in health care are often viewed as devastating, even when actual harm to the patient does not occur (see Fingas, 2015). Reactions to a breach can include a financial settlement for individuals included in the dataset, costs of upgrading security systems, and other social costs such as brand defamation, reduced trust, and customer. However, very little research has examined how judgments of harm from a re-identification attack are determined, and whether these judgments vary depending on contextual variables that shift from case to case. The purpose of the current research is to understand which types of re-identification attack are perceived to be riskier and more harmful.

2. METHODS

We examine whether certain elements of a re-identification attack influence how harmful the attack is perceived, in terms of patient trust, subjective harm to the patient, and need for punishment of attacker. We examine how individuals react when a hypothetical re-identification attack has been attempted on data that includes their own de-identified responses.

2.1 Variables of interest

The first variable of interest involves whether a re-identification attack may be considered more harmful when it is attempted by a black-hat organization relative to a white-hat organization.

H1: Judged harmfulness of an attack will be greater when attackers are black-hat (nefariously motivated) versus when they are white-hat (virtuously motivated).

A second variable of interest examines whether the data that is attacked is managed privately or publicly. Previous research suggests the type of firm involved may influence both trustworthiness ratings and disclosure behaviour [2]–[5].

H2: Judged harmfulness of attack will be greater when the registry is private, relative to when it is public.

A third variable of interest is whether an internal review board (IRB) was involved in data management. IRB oversight can be seen as a means of providing assurances over data's safety and security, even in the event of an attack.

H3: Presence of an IRB will reduce judged harmfulness of the attack, especially when the firm is private versus public.

A fourth variable of interest focused on who the adversary was. Previous research [6]–[8] suggests that individuals feel more comfortable in sharing data with organizations perceived as “in-groups”, or groups in which both the organization and the

individual share an identity (relative to those perceived as “out-groups”, or groups where no aspect of identity is shared).

H4: Judged harmfulness of breach will be greater when attackers are from out-groups relative to from in-groups.

The fifth and final variable of interest involved what type of information was attacked. Re-identification attacks on information that is more sensitive in nature may be seen as more harmful.

H5: Attacks will be considered more harmful when datasets contain individual-level, sensitive information, relative to when data sets are aggregate or contain non-sensitive information.

Participants were given a brief overview of re-identification attacks, and were then asked to read vignettes and complete a set of questions for each, assessing harm caused by each attack. We created a common template describing an attack, and varied each of 5 variables of interest, described below, for each possible pairing, resulting in 32 unique vignettes. Each participant received a randomly-allocated subset of six vignettes for brevity. As such, our design was a mixed within- and between-subjects design.

3. RESULTS

A sample of 106 participants were recruited from Crowdfunder. Each participant completed 6 vignette scenarios.

Harm was judged to be greater when the attacker was part of a black hat organization (having nefarious motives), relative to when the attacker was part of a white hat organization (having virtuous motives; H1), $F(1, 621) = 50.48$, $MSE = 1.71$, $p < .01$, $\eta^2 = .08$. Further, harsher punishments were prescribed when attacker was a representative of a black hat organization, relative to a white hat organization, $F(1, 621) = 62.53$, $p < .01$, $\eta^2 = .10$.

We did not observe any effects with regard to whether the attacked organizations were public institutions (such as academic research labs) or private firms (such as pharmaceutical companies; H2).

Data custodians were judged to be *more* responsible for an attack when an IRB oversaw data collection and storage, relative to when there was no ethics board oversight (counter to H3), $F(1, 621) = 4.31$, $MSE = 3.30$, $p = .04$, $\eta^2 = .01$.

Participants thought the attacker should be punished more harshly when the attacker was from an out-group than from an in-group (H4), $F(1, 621) = 2.78$, $MSE = 2.61$, $p = .10$, $\eta^2 = .01$.

Finally, sensitive, individual-level information was rated as more sensitive than was information that was aggregated or demographic in nature (H5), $F(1, 621) = 40.14$, $MSE = 3.01$, $p < .01$, $\eta^2 = .06$.

4. CONCLUSIONS

Findings of the current study suggest that the attacker's motivations were the primary determinant of how individuals react to an attack. As such, a white-hat attack, or an attack that allows for a quick patch to a problem, may be well worth publicizing. This publicity is likely to reduce patient concern, and may have fewer downstream consequences to the patient-provider relationship. However, organizations holding data should be aware that presence of an IRB or ethics committee may lead patients to heighten their standards. As such, organizations already in possession of such oversight must be especially cautious in disclosing re-identification attacks.

5. ACKNOWLEDGMENTS

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6. REFERENCES

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