

Database Privacy: Principles and Algorithms (Part I)

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Outline

- Why privacy?
- Privacy Attacking Examples
- Conventional principles and limitations
 - K-anonymity
 - L-diversity
 - T-closeness

On the Internet, nobody knows you're a dog?



"On the Internet, nobody knows you're a dog."

The New Yorker, July 5, 1993

Your personal information is kept by

- Government agencies
- Banks/Financial business
- Online shopping web sites
- Advertising companies

Publishing sensitive data about individuals.

- Medical research
 - What treatments have the best outcomes?
 - How can we recognize the onset of disease earlier?
 - Are certain drugs better for certain phenotypes?
- Web search
 - What are people really looking for when they search?
 - How can we give them the most authoritative answers?
- Public health
 - Where are our outbreaks of unpleasant diseases?
 - What behavior patterns or patient characteristics are correlated with these diseases?

Publishing sensitive data about individuals.

- Social and computer networking
 - What is the pattern of phone/data/multimedia network usage? How can we better use existing (or plan new) infrastructure to handle this traffic?
 - How do people relate to one another, e.g., as mediated by Facebook?
 - How is society evolving (Census data)?
- Industrial data (individual = company; need SMC if no TTP)
 - What were the total sales, over all companies, in a sector last year/quarter/month?
 - What were the characteristics of those sales: who were the buyers, how large were the purchases, etc.?

Today, access to these data sets is usually strictly controlled.

Only available:

- Inside the company/agency that collected the data
- Or after signing a legal contract
 - Click streams, taxi data
- Or in very coarse-grained summaries
 - Public health
- Or after a very long wait
 - US Census data details
- Or with definite privacy issues
 - US Census reports, the AOL click stream, dbGaP summary tables, Enron email
- Or with IRB (Institutional Review Board) approval
 - dbGaP summary tables

Society would benefit if we could publish some useful form of the data, without having to worry about privacy.

Why is access so strictly controlled?

No one should learn who had which disease.

Name	Age	Sex	Zipcode	Disease
Andy	5	M	12000	gastric ulcer
Bill	9	M	14000	dyspepsia
Ken	6	M	18000	pneumonia
Nash	8	M	19000	bronchitis
Joe	12	M	22000	pneumonia
Sam	19	M	24000	pneumonia
Linda	21	F	58000	flu
Jane	26	F	36000	gastritis
Sarah	28	F	37000	pneumonia
Mary	56	F	33000	flu

“Microdata”



What if we “de-identify” the records by removing names?

Name	Age	Sex	Zipcode	Disease
Andy	5	M	12000	gastric ulcer
Bill	9	M	14000	dyspepsia
Ken	6	M	18000	pneumonia
Nash	8	M	19000	bronchitis
Joe	12	M	22000	pneumonia
Sam	19	M	24000	pneumonia
Linda	21	F	58000	flu
Jane	26	F	36000	gastritis
Sarah	28	F	37000	pneumonia
Mary	56	F	33000	flu

publish



Age	Sex	Zipcode	Disease
5	M	12000	gastric ulcer
9	M	14000	dyspepsia
6	M	18000	pneumonia
8	M	19000	bronchitis
12	M	22000	pneumonia
19	M	24000	pneumonia
21	F	58000	flu
26	F	36000	gastritis
28	F	37000	pneumonia
56	F	33000	flu

We can re-identify people, absolutely or probabilistically

The published table

Age	Sex	Zipcode	Disease
5	M	12000	gastric ulcer
9	M	14000	dyspepsia
6	M	18000	pneumonia
8	M	19000	bronchitis
12	M	22000	pneumonia
19	M	24000	pneumonia
21	F	58000	flu
26	F	36000	gastritis
28	F	37000	pneumonia
56	F	33000	flu

A voter registration list

Name	Age	Sex	Zipcode
Andy	5	M	12000
Bill	9	M	14000
Ken	6	M	18000
Nash	8	M	19000
Mike	7	M	17000
Joe	12	M	22000
Sam	19	M	24000
Linda	21	F	58000
Jane	26	F	36000
Sarah	28	F	37000
Mary	56	F	33000

Quasi-identifier (QI) attributes



“Background knowledge”

87% of Americans can be uniquely identified by {zip code, gender, date of birth}.

actually 63%
[Golle 06]

Latanya Sweeney [*International Journal on Uncertainty, Fuzziness and Knowledge-based Systems*, 2002] used this approach to re-identify the medical record of an ex-governor of Massachusetts.



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- **Privacy Attacking Examples**
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Real query logs can be very useful to CS researchers. But click history can uniquely identify a person.

<AnonID, Query, QueryTime, ItemRank, domain name clicked>

What the New York Times did:

- Find all log entries for AOL user 4417749
- Multiple queries for businesses and services in Lilburn, GA (population 11K)
- Several queries for Jarrett Arnold
 - Lilburn has 14 people with the last name Arnold
- NYT contacts them, finds out AOL User 4417749 is Thelma Arnold



Just because data looks hard to re-identify, doesn't mean it *is*.

[Narayanan and Shmatikov, Oakland 08]

In 2009, the Netflix movie rental service offered a \$1,000,000 prize for improving their movie recommendation service.

	High School Musical 1	High School Musical 2	High School Musical 3	Twilight
Customer #1	4	5	5	?

Training data: ~100M ratings of 18K movies from ~500K randomly selected customers, **plus dates**

Only 10% of their data; slightly perturbed

We can re-identify a Netflix rater if we know just a little bit about her (from life, IMDB ratings, blogs, ...).

- 8 movie ratings (≤ 2 wrong, dates ± 2 weeks) \rightarrow re-identify 99% of raters
- 2 ratings, ± 3 days \rightarrow re-identify 68% of raters
 - Relatively few candidates for the other 32% (especially with movies outside the top 100)
- Even a handful of IMDB comments allows Netflix re-identification, in many cases
 - 50 IMDB users \rightarrow re-identify 2 with very high probability, one from ratings, one from dates

Why should we care about this innocuous data set?

- *All* movie ratings → political and religious opinions, sexual orientation, ...
- *Everything* bought in a store → private life details
- *Every* doctor visit → private life details

“One customer ... sued Netflix, saying she thought her rental history could reveal that she was a lesbian before she was ready to tell everyone.”

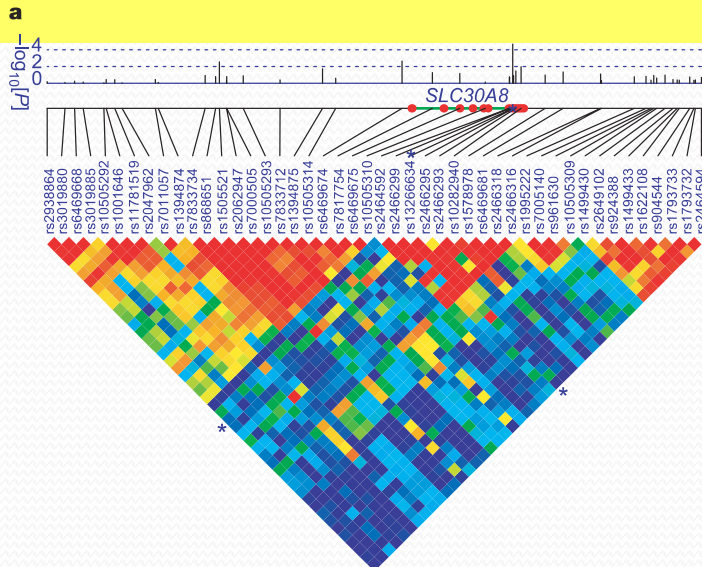
It is becoming routine for medical studies to include a genetic component.

Genome-wide association studies (GWAS) aim to identify the correlation between diseases, e.g., diabetes, and the patient's DNA, by comparing people with and without the disease.

GWAS papers usually include detailed correlation statistics.

Our attack: uncover the identities of the patients in a GWAS

- For studies of up to moderate size, a significant fraction of people, determine whether a specific person has participated in a particular study within **10 seconds**, with **high confidence!**



A genome-wide association study identifies novel risk loci for type 2 diabetes, Nature 445, 881-885 (22 February 2007)

GWAS papers usually include detailed correlation statistics.

SNPs 2, 3 are linked, so are SNPs 4, 5.

Publish: linkage disequilibrium between these SNP pairs.



Human DNA

Diabetes

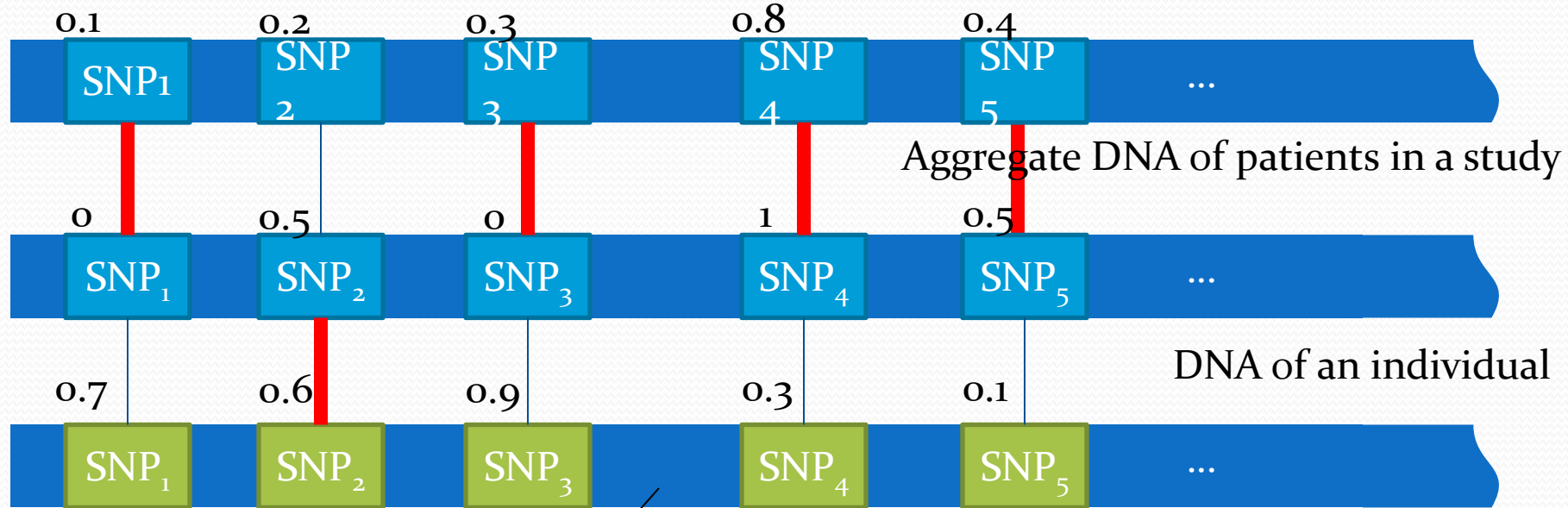
Publish: p -values of these SNP-disease pairs.

SNPs 1, 3, 4 are associated with diabetes.

Privacy attacks can use SNP-disease association.

Idea [Homer et al. *PloS Genet.*'08, Jacobs et al. *Nature*'09]:

- Obtain aggregate SNP info from the published p -values (1)
- Obtain a sample DNA of the target individual (2)
- Obtain the aggregate SNP info of a ref. population (3)
- Compare (1), (2), (3)



Background knowledge

Aggregate DNA of a reference population
Principles and Algorithms

Outline

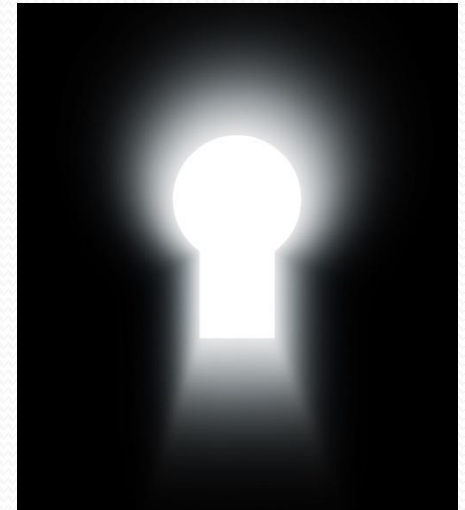
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Issues

➔ **Privacy principle**
What is adequate privacy protection?

Distortion approach

How can we achieve the privacy principle,
while maximizing the utility of the data?



Different applications may have different privacy protection needs.

Membership disclosure: Attacker cannot tell that a given person is/was in the data set (e.g., a set of AIDS patient records or the summary data from a data set like dbGaP).

- δ -presence [Nergiz et al., 2007].
- Differential privacy [Dwork, 2007].

Sensitive attribute disclosure: Attacker cannot tell that a given person has a certain sensitive attribute.

- l -diversity [Machanavajjhala et al., 2006].
- t -closeness [Li et al., 2007].

Identity disclosure: Attacker cannot tell which record corresponds to a given person.

- k -anonymity [Sweeney, 2002].

Privacy principle 1: k -anonymity

your quasi-identifiers are indistinguishable from $\geq k$ other people's.

[Sweeney, *Int'l J. on Uncertainty, Fuzziness and Knowledge-based Systems*, 2002]

2-anonymous generalization:

A voter registration list

Name	Age	Sex	Zipcode
Andy	5	M	12000
Bill	9	M	14000
Ken	6	M	18000
Nash	8	M	19000
Mike	7	M	17000
Joe	12	M	22000
Sam	19	M	24000
Linda	21	F	58000
Jane	26	F	36000
Sarah	28	F	37000
Mary	56	F	33000

4 QI groups

Age	Sex	Zipcode	Disease
[1, 10]	M	[10001, 15000]	gastric ulcer
[1, 10]	M	[10001, 15000]	dyspepsia
[1, 10]	M	[15001, 20000]	pneumonia
[1, 10]	M	[15001, 20000]	bronchitis
[11, 20]	M	[20001, 25000]	pneumonia
[11, 20]	M	[20001, 25000]	pneumonia
[21, 60]	F	[30000, 60000]	flu
[21, 60]	F	[30000, 60000]	gastritis
[21, 60]	F	[30000, 60000]	pneumonia
[21, 60]	F	[30000, 60000]	flu

Sensitive attribute

QI attributes

The **biggest** advantage of k-anonymity is that people can understand it.



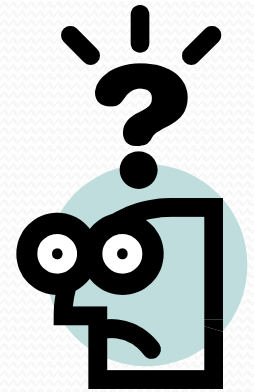
And often it can be computed fast.

But in general, it is easy to attack.

k -anonymity... or how not to define privacy.

[Shmatikov]

- Does not say anything about the computations to be done on the data (utility).
- Assumes that attacker will be able to join only on quasi-identifiers.



Intuitive reasoning:

- k -anonymity prevents attacker from telling which record corresponds to which person.
- Therefore, attacker cannot tell that a certain person has a particular value of a sensitive attribute.

This reasoning is fallacious!

k -anonymity does not provide privacy if the sensitive values in an equivalence class lack diversity, or the attacker has certain background knowledge.

From a voter registration list

Homogeneity Attack

Bob	
Zipcode	Age
47678	27

Background Knowledge Attack

Carl	
Zipcode	Age
47673	36

A 3-anonymous patient table

Zipcode	Age	Disease
476**	2*	Heart Disease
476**	2*	Heart Disease
476**	2*	Heart Disease
4790*	≥40	Flu
4790*	≥40	Heart Disease
4790*	≥40	Cancer
476**	3*	Heart Disease
476**	3*	Cancer
476**	3*	Cancer

Updates can also destroy k-anonymity.

What is Joe's disease? Wait for his birthday.

A voter registration list
plus dates of birth (not shown)

No "diversity" in this QI group.

Name	Age	Sex	Zipcode
Andy	5	M	12000
Bill	9	M	14000
Ken	6	M	18000
Nash	8	M	19000
Mike	7	M	17000
Joe	10	M	17000
Sam	19	M	24000
Linda	21	F	58000
Jane	26	F	36000
Sarah	28	F	37000
Mary	56	F	33000

Age	Sex	Zipcode	Disease
[1, 10]	M	[10001, 15000]	gastric ulcer
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[1, 10]	M	[15001, 20000]	bronchitis
[11, 20]	M	[20001, 25000]	pneumonia
[11, 20]	M	[20001, 25000]	pneumonia
[21, 60]	F	[30000, 60000]	flu
[21, 60]	F	[30000, 60000]	gastritis
[21, 60]	F	[30000, 60000]	pneumonia
[21, 60]	F	[30000, 60000]	flu

Principle 2: l -diversity

[Machanavajjhala et al., *ICDE*, 2006]

Each QI group should have at least l “well-represented” sensitive values.



Maybe each QI-group must have *different sensitive values?*

A 2-diverse table

Age	Sex	Zipcode	Disease
[1, 5]	M	[10001, 15000]	gastric ulcer
[1, 5]	M	[10001, 15000]	dyspepsia
[6, 10]	M	[15001, 20000]	pneumonia
[6, 10]	M	[15001, 20000]	bronchitis
[11, 20]	F	[20001, 25000]	flu
[11, 20]	F	[20001, 25000]	pneumonia
[21, 60]	F	[30001, 60000]	gastritis
[21, 60]	F	[30001, 60000]	gastritis
[21, 60]	F	[30001, 60000]	flu
[21, 60]	F	[30001, 60000]	flu

We can attack this probabilistically.

If we know Joe's QI group, what is the probability he has HIV?

A QI group with 100 tuples

...	Disease
	...
	HIV
	HIV
	...
	HIV
	pneumonia
	bronchitis
	...

98 tuples

The conclusion researchers drew: **The most frequent sensitive value in a QI group cannot be too frequent.**

Even then, we can still attack using background knowledge.

Joe has HIV.

Sally knows Joe does not have pneumonia.

Sally can guess that Joe has HIV.

A QI group with 100 tuples

...	Disease
	...
	HIV
	...
	HIV
	pneumonia
	...
	pneumonia
	bronchitis
	...

50 tuples

49 tuples

l -diversity variants have been proposed to address these weaknesses.

- Probabilistic l -diversity
 - The frequency of the most frequent value in an equivalence class is bounded by $1/l$.
- Entropy l -diversity
 - The entropy of the distribution of sensitive values in each equivalence class is at least $\log(l)$
- ➔ • Recursive (c, l) -diversity
 - The most frequent value does not appear too frequently
 - $r_1 < c(r_l + r_{l+1} + \dots + r_m)$, where r_i is the frequency of the i -th most frequent value.

I-diversity can be overkill or underkill.

Original data

...	Cancer
...	Cancer
...	Cancer
...	Flu
..	Cancer
...	Cancer
...	Cancer
...	Cancer
...	Cancer
...	Cancer
...	Cancer
...	Cancer
...	Flu
...	Flu

99% have cancer

Anonymization A

Q1	Flu
Q1	Flu
Q1	Cancer
Q1	Flu
Q1	Cancer
Q1	Cancer
Q2	Cancer
Q2	Cancer

Anonymization B

Q1	Flu
Q1	Cancer
Q1	Cancer
Q1	Cancer
Q1	Cancer
Q1	Cancer
Q1	Cancer
Q2	Cancer
Q2	Flu

99% cancer \Rightarrow quasi-identifier group is not “diverse”, yet anonymized database does not leak much new info.

50% cancer \Rightarrow quasi-identifier group is “diverse”
This leaks a ton of new information

Diversity does not *inherently* benefit privacy.

Principle 3: t-Closeness

[Li et al. ICDE '07]

Caucas	787XX	Flu
Caucas	787XX	Shingles
Caucas	787XX	Acne
Caucas	787XX	Flu
Caucas	787XX	Acne
Caucas	787XX	Flu
Asian/AfrAm	78XXX	Flu
Asian/AfrAm	78XXX	Flu
Asian/AfrAm	78XXX	Acne
Asian/AfrAm	78XXX	Shingles
Asian/AfrAm	78XXX	Acne
Asian/AfrAm	78XXX	Flu

Distribution of sensitive attributes within each quasi-identifier group should be “close” to their distribution in the entire original DB


Then we can bound the knowledge that the attacker gains by seeing a particular anonymization.

Adversarial belief



Released table

Age	Zip code	.....	Gender	Disease
2*	479**	.....	Male	Flu
2*	479**	.....	Male	Heart Disease
2*	479**	.....	Male	Cancer
.
.
.
≥50	4766*	.....	*	Gastritis

Belief	Knowledge
B_0	 <p>External Knowledge</p>
B_1	Overall distribution of sensitive values
B_2	Distribution of sensitive values in a particular group

Only applicable when we can define the distance between values, e.g., using a hierarchy of diagnoses.

How anonymous is this 4-anonymous, 3-diverse, and perfectly- t -close data?

Asian/AfrAm	787XX	HIV-	Acne
Asian/AfrAm	787XX	HIV-	Acne
Asian/AfrAm	787XX	HIV-	Flu
Asian/AfrAm	787XX	HIV+	Shingles
Caucasian	787XX	HIV+	Flu
Caucasian	787XX	HIV-	Acne
Caucasian	787XX	HIV-	Shingles
Caucasian	787XX	HIV-	Acne

That depends on the attacker's background knowledge.

My coworker Bob's shingles got so bad that he is in the hospital. He looks Asian to me...

This is against the rules, because flu is not a quasi-identifier.



In the real world, almost *anything* could be personally identifying (as we saw with Netflix).

Asian/AfrAm	787XX	HIV-	Acne
Asian/AfrAm	787XX	HIV-	Acne
Asian/AfrAm	787XX	HIV-	Flu
Asian/AfrAm	787XX	HIV+	Shingles
Caucasian	787XX	HIV+	Flu
Caucasian	787XX	HIV-	Acne
Caucasian	787XX	HIV-	Shingles
Caucasian	787XX	HIV-	Acne

There are probably 100 other related proposed privacy principles...

- k -gather, (a, k) -anonymity, personalized anonymity, positive disclosure-recursive (c, l) -diversity, non-positive-disclosure (c_1, c_2, l) -diversity, m -invariance, (c, t) -isolation, ...

And for other data models, e.g., graphs:

- k -degree anonymity, k -neighborhood anonymity, k -sized grouping, (k, l) grouping, ...

... and they suffer from related problems. [Shmatikov]



~~Trying to achieve “privacy” by syntactic transformation of the data~~

- Scrubbing of PII, k-anonymity, l-diversity...

Fatally flawed!

- Insecure against attackers with arbitrary background info
- Do not compose (anonymize twice \Rightarrow reveal data)
- No meaningful notion of privacy
- No meaningful notion of utility

Does he go too far?

And there is an impossibility result that applies to all of them.

[Dwork, Naor 2006]

For any reasonable definition of “privacy breach” and “sanitization”, with high probability **some adversary can breach some sanitized DB.**

Example:

- Private fact: my exact height
- Background knowledge: I’m 5 inches taller than the average American woman
- San(DB) allows computing average height of US women
- This breaks my privacy ... **even if my record is not in the database!**